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STATE MEDICINE A MENACE TO DEMOCRACY

by
H. D. ANDERSON

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STATE MEDICINE A MENACE TO DEMOCRACY

By H. B. ANDERSON

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FOREWORD

This book presents a disinterested analysis of erroneous principles of public health policy. It points out the serious consequences of allowing these erroneous principles to play such a prominent part in the shaping of our public health activities. It calls attention to the enormous appropriations now being made for alleged public health activities and their tendency to increase in size. It explains the seeming paradox that the larger these appropriations become the greater the failure to conserve public health and the more the enjoyment of "life, liberty and the pursuit of happiness" is being taken away from the American people.

The purpose of this book is to meet the needs of legislators, social workers, health officers, teachers, college and university students, lawyers, clergymen, authors, editors and others interested in the promotion of public health. It is written in a simple, untechnical language and is arranged and classified in such a manner that the average citizen may understand it and find what he is most interested in as quickly as possible. It discusses the evils of state medicine in a general way and also under special subjects including the following, "Fallacy of Plea for Medical Control Through Medical Practice Acts", "Medical Examination of School Children Ineffective and in Many Cases Actually Harmful" and "Compulsory Vaccination Is Based Upon Superstition, Commercialism and Paternalism".

The book is based on a painstaking study of the most important official documents and periodicals issued by health departments, leading medical and sociological organizations and other publications bearing on the subject of public health.

ENLIGHTENING QUOTATIONS

"With entire consistency, health wardenship of cities has been committed solely to physicians, those who by training have been taught to consider the pathological in human life, the symptomatology and evidences of disease rather than the great, basic, underlying essential factors which enter into and are the vital part in the creation, spread and perpetuation of sickness."—W. C. Rucker, Assistant Surgeon-General, U. S. Public Health Service.

"The responsibility of protecting the public from disease and of securing better health conditions belongs to the people. It is not the function of the medical profession to maintain lobbies or to endeavor to secure public health measures by political methods. . . . The responsibility for public health conditions must rest with the people and not with any special class or profession. The sooner these general principles are recognized, the better it will be for the medical profession and for public health advancement."—Journal of the American Medical Association.

"Sanitary science and preventive medicine are fundamentally separate and distinct from the practice of medicine as a healing art. It would be a lamentable confusion of functions and duties if the view were to gain general acceptance that the medical profession, as represented by practicing physicians and surgeons, is to be considered 'the guardian of the public health.'"—Frederick L. Hoffman, LL. D., Statistician and Third Vice-President of the Prudential Insurance Company of America.

"Another error into which we have fallen as a profession is the tendency to regard the medical profession as a divinely authorized class, whose sacred and distinctive function is the protection of the people either with or without their consent. . . . too often medical organizations, as well as individual physicians, have taken the position that they were the courts of last resort; that it was their special function to dictate the terms of public health legislation, and that it was the duty of the public to accept their decisions and acquiesce in their judgment."—Dr. Frederick R. Green, Secretary, Council on Health and Public Instruction, American Medical Association.

"Disease is an ally of ignorance, dirt and disorder, and it everywhere tends to disappear on the improvement of knowledge and of social conditions. Standards of personal, domestic and municipal living are ever advancing and sweeping away the opportunities that formerly existed for the spread of infection."—George A. Soper, Ph. D. Major, Sanitary Corps, U. S. Army.

"Every encroachment, great or small, is important enough to awaken the attention of those who are entrusted with the preservation of a constitutional government. We are not to wait till great public mischiefs come, till the government is overthrown, or liberty itself put into extreme jeopardy. We should not be worthy sons of our fathers were we so to regard great questions affecting the general freedom."—Daniel Webster.

"The exercise of medical functions, whether the regulation of medical practice or preventive medicine, is under state control, and I think it is rather fortunate that this is the case, because, divided as we are into forty-eight political groups, we do not have to make the same experiments at the same time."—Dr. Victor C. Vaughan.

"The American Medical Association is perhaps the best illustration of the effect of the organization furore. It has become to all intents and purposes a huge oligarchy. Its policies are directed by a few who, ostensibly acting as the agents of the members, in reality take the initiative in every movement, assisted thereto by the constitution of the society itself. The spirit of democracy is as foreign to it as it is in the realm of the Czar of all the Russias. It is the natural result of the modern trend of concentration, subordinating private judgment to the leaders' dictum."—Lancet-Clinic, Cincinnati, Ohio.

"Unless the drift toward Bureaucratic Government is stopped, Americans will be the most ruled and standardized people in the world, and we will need armies of citizens to enforce all the laws; by and by we shall all be government employes, earning our pay by watching one another. Then, surely, the millennium will have been reached."—Illinois Medical Journal.

"The trend and spirit of medical schools is toward curative medicine. The graduates of our best medical schools today are not fitted to do public health work. . . . It is a matter for consideration whether the medical profession should fit men for preventive medicine or turn the job over to somebody else. The sanitary engineer as an all around man is better fitted as an epidemiologist than the average physician."—Dr. Victor C. Vaughan.

"The relation of the Church, or of all the Churches, to the State is one of the problems which the Republic may be said to have solved. It is decided that it has no relation whatever. The State has as much relation to religion as to medicine, and no more; and it might as well establish Homeopathy as its medical system, as Episcopacy as its religion."—The late Andrew Carnegie.

"With all the wonderful strides of our science in one hundred years, we still have the public as abjectly cowed today, before the omnipotent hosts of bacteria, as it was by the evil spirits and ghosts and witches of a past century."—Dr. Park L. Myers, Toledo, Ohio.

"When a doctor notes what he considers good effects from his own practice, it is natural for him to let well enough alone, and refrain from exploring unknown lines. . . . But when ignorance and narrowness, instead of being humble, grow insolent and authoritative, and ask for laws whose only immediate result can be to consecrate and perpetuate them, then I think that every citizen interested in the growth of a genuinely complete medical science should rise up and protest."—The Late Professor William James.

"Not only in regard to therapeutics do we find a tendency to fads. We can observe a similar tendency in regard to broad pathologic and diagnostic questions."—Dr. Joseph Zeisler.

"It is the plain duty of the school authorities to see to it that the school buildings and all places where the students assemble for study are safe, sanitary, comfortable, well lighted and ventilated, and in every way suitable and calculated to facilitate and promote the work to be there performed. When they assume to go beyond this, and to take charge of the physical condition and health of the pupil we believe they have transcended their functions. This duty should be left to the parent or legal guardian, where it properly belongs."—William Nottingham, M. A., Ph. D., LL. D., a Regent of the University of the State of New York.

"A healthy mental attitude is the greatest of all helps in preserving physical sanity; break down a healthy mental attitude, and the baleful germs that are in all of us will riot uncontrolled. If all the employees of a bank are, according to the medical examiner, pathological cases, what number of the employees of a factory or a department store would be pronounced entirely sound? Virtually all of us go through life with engines that are more or less imperfect, but that do their work satisfactorily enough as long as we do not watch them, tinker over them and fuss with them. A compulsory, universal medical examination would probably result in widespread depression and despair."—The Youth's Companion.

"Those to whom the care of delicate mechanical apparatus is entrusted," says Dr. Goldwater, "do not wait until a breakdown occurs, but inspect and examine the apparatus minutely, at regular intervals, and thus detect the first signs of damage." This is the favorite simile of the health-enthusiasts. But in it are imbedded two fatal fallacies. In the first place, the working of a machine is not affected by our concern over it, while our body may be. And secondly, the only interest we have in the machine is that it shall function well as a mechanism; while in the case of our bodies we may deliberately choose to sacrifice perfection of the mechanism to other objects which we prize more highly—indeed, we must do so, at some point or other, if we wish to keep out of Bedlam."—New York Evening Post.

"There are many indications that we are drifting toward the pernicious notion that the citizen is the ward of the state. This conception is not only unworthy of us and our times, but it is unjust to him and tends to lessen his self-dependence, impair his self-respect, and hamper his efforts to reach his highest destiny. We would much better take the loftier and more healthful view, that the average American, by birth, amid our institutions, is naturally endowed with a keen sense of his personal rights and privileges, with an abounding ambition to do things and a large capability of looking out for himself. We are ages in advance of the Spartan regime under which the child at birth was examined by the ruling elders to determine whether or not he was fit to be reared, and at the age of seven was taken over by the state."—William Nottingham, M. A., Ph. D., LL. D.

"In many cases physicians become interested in the strict enforcement of the law because of the fees resulting therefrom. . . . In the more populous districts the medical fees resulting from vaccination are an important item. . . . It is not claimed that physicians as a rule are governed in this matter by a mercenary motive. . . . However, this mercenary motive has been the **controlling factor** in a sufficient number of cases which have come to the attention of this Department to justify the above assertion."—From Fifth Annual Report by Andrew S. Draper, Commissioner of Education, New York State, January 25, 1909.

"The conclusion is in every case the same; that vaccination is a gigantic delusion; that it has never saved a single life; but that it has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century."—Professor Alfred Russel Wallace.

"Coincident with the descending curve in tuberculosis mortality people were living cleaner, better and more wholesome lives and interest in general health was steadily increasing. While we were passing through our early hysterical fear of infection, in our frenzied battle with the tubercle bacillus, and were awakening from our over-colored dreams of short cuts to cure, scores of medical and social agencies were coming into life trying to solve the problems of better living and of better health. What part these agencies have had, since 1882, in shaping the downward curve of tuberculosis mortality, is beyond accurate determination. Our thoughtful conjecture is that it has been large, and so believing, we must consider to what greater extent these forces and agencies may be employed in continuing that curve which is still too far from the bottom of the scale."—George Thomas Palmer.

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CHAPTER I.

FALLACY OF CONTENTION THAT PUBLIC HEALTH WORK IS CHIEFLY A MEDICAL PROBLEM.

"Unfortunately, health has been considered in the past only as a medical problem, and the pendulum has been enthusiastically swung so far that health is almost regarded as an artificial state to be achieved and maintained solely through the interposition of medical safeguards.

"With entire consistency, health wardenship of cities has been committed solely to physicians, those who by training have been taught to consider the pathological in human life, the symptomatology and evidences of disease rather than the great, basic, underlying essential factors which enter into and are the vital part in the creation, spread and perpetuation of sickness."—Assistant Surgeon-General W. C. Rucker, U. S. Public Health Service.¹

THE plea for state medicine, including compulsory medical examination and treatment of everybody, is based upon the contention that public health work is chiefly a medical problem. It is obvious that the more the people can be persuaded to turn local, state and national public health activities over to physicians of one school of healing the more opportunities that particular school of healing will have to promote the interests of its members at the expense of other systems of healing and the public generally. It is only natural, therefore, that every effort should be made by the dominant school of medicine to have the public believe that public health work is chiefly a medical interest. A number of prominent physicians and medical journals, however, have recently called attention to the fallacy of regarding public health work as chiefly a medical problem. Reference is here made to a few such admissions.

¹"A Program of Public Health for Cities," by Dr. Rucker before the Cincinnati Convention of the American Public Health Association, October 24, 1916, and quoted from in an article in the American Journal of Public Health, January, 1920, p. 9.

Medical Authorities Call Attention to Mistake of Regarding Medical Profession as Guardians of the Public Health.

—The Journal of the American Medical Association, the official organ of the American Medical Association, the leading organization of allopathic or so-called “regular” physicians in the United States, recently voiced what is probably the sentiment of a large per cent of the members of that association although directly contrary to the policy of that association for the past quarter of a century. Referring to a bill introduced in the Ohio Legislature the Journal said¹:

“The medical profession has performed its full duty in pointing out the danger to public health which would be involved in its passage. Whatever action is taken by the Legislature will be with full knowledge of the consequences. This is the ideal attitude for physicians to take, as should have been recognized long ago. The responsibility of protecting the public from disease and of securing better health conditions belongs to the people. It is not the function of the medical profession to maintain lobbies or to endeavor to secure public health measures by political methods. The true function of the medical profession is to advise the people, to show them how to protect themselves. The doctor’s mission is to be a teacher and not a political manipulator. The responsibility for public health conditions must rest with the people and not with any special class or profession. The sooner these general principles are recognized, the better it will be for the medical profession and for public health advancement.”

In a publication entitled “Facts and Fallacies of Compulsory Health Insurance,” Frederick L. Hoffman, LL. D., Statistician and Third Vice-President of the Prudential Insurance Company of America, says:

“According to Dr. I. M. Rubinow, ‘the medical profession is the guardian of the public health.’ This view is certainly not shared by those who represent federal, state, county or municipal health activities. Sanitary science and preventive

¹Journal of the American Medical Association, February 15, 1919, p. 498.

medicine are fundamentally separate and distinct from the practice of medicine as a healing art. It would be a lamentable confusion of functions and duties if the view were to gain general acceptance that the medical profession, as represented by practicing physicians and surgeons, is to be considered 'the guardian of the public health.' The contradictory views which are held on these questions, and which are matters of fundamental importance to the general public, reach their extreme in a statement by Dr. B. S. Warren, surgeon of the U. S. Public Health Service, that 'The question of health is more a matter of public concern than the question of education.' "

Dr. Frederick R. Green, Secretary, Council on Health and Public Instruction, American Medical Association, recently said¹:

"Another error into which we have fallen as a profession is the tendency to regard the medical profession as a divinely authorized class, whose sacred and distinctive function is the protection of the people either with or without their consent. It is difficult to understand on what rational basis such a belief can rest in a scientific profession like ours. The medical profession is recruited from the same class as that which furnishes the lawyers, judges, ministers, teachers and business men of our country. The men who go into medicine are neither wiser, more unselfish, more upright or more infallible in their judgment than those who make up any other class of professional men. Why should we regard ourselves as of superior mold, or why expect our opinions or views to be accepted on any different basis from those of other men of equal intelligence, except in so far as we are able to justify our judgment? Yet too often medical organizations, as well as individual physicians, have taken the position that they were the courts of last resort; that it was their special function to dictate the terms of public health legislation, and that it was

¹Address before the Utah State Medical Association, Salt Lake City, Utah, September 30, 1914, and reprinted by the American Medical Association from *North West Medicine*, December, 1914, and January, 1915.

the duty of the public to accept their decisions and acquiesce in their judgment."

Medical Teachings of Health Boards Create Fear.—In a paper on the subject of "Health Boards as Disturbers of the Peace"¹ Dr. Charles McIntire, Easton, Pennsylvania, calls attention to the harmful effects of the alarming reports about diseases which are sent out by our health boards. He says:

"You are all familiar with the Oriental fable, where the Cholera on his way to Bagdad informs a dervish in the desert of his intention of killing 10,000 people with his plague; and on returning from his mission is met by the same dervish who accuses him of a much higher death rate. The Cholera replied that he had kept himself well within his bounds—the excess was due to fear.

"Doubtless if you have not read, you have all looked at that volume of goodly size by Daniel Hack Tuke entitled 'Illustrations of the Influence of the Mind Upon the Body in Health and Disease.' With the thought suggested by these illustrations in mind, may not a doubt arise that sometimes our health authorities in their efforts to warn, really alarm; wishing to awaken, they really affright; desiring to preserve peace, they really disturb it.

"I have known in a case of diphtheria, where neither an appeal to gratitude for past favors bestowed, nor to greed for a present reward offered, was able to secure any one to perform the household duties for the well, in a house where the proper isolation could be maintained in the apartments assigned to the ill. Of a husband who was not able to be with his wife at the deathbed of their son; she must bear the strain alone, or he would be so quarantined that, not being subjects for public support, the proper supplies could not be brought to the imprisoned household. Of an arrangement by which the death of a child would be announced to a neighbor after the manner of the telegraphy devised by the political prisoners in

¹Paper delivered before the Section on State Medicine—47th Annual Meeting of the A. M. A. held at Atlanta, Ga., May, 1896, and published in the Transactions of that Section.

Russian fortresses, as described by Mr. George Kennan, because no one ventured beyond the door, on which the dread placard was placed, to do a neighborly deed. Making an inspection for our State Board of Health in an outbreak of diphtheria, I inquired as to possible carelessness in isolation, and was told that the simple announcement of the presence of the disease was enough to keep every one away, regardless of what might be the ability of the family to properly care for the suffering. * * * *

"I might multiply examples, but these are enough for my purpose. And I ask you that if this is the outcome of the teachings of our health boards, is it not a fair inference that one result of these teachings is to disturb the public peace?"

An illustration of the present tendency of our health boards to incite fear and thereby increase the prevalence of disease and disturb the peace is furnished by the infantile paralysis scare a few years ago. The following editorial comments by newspapers are significant:

The Brooklyn (N. Y.) Citizen for July 8, 1916, said:

"The outbreak of infantile paralysis is being aggravated by the drastic measures, savoring of panic, employed by the health and other departments to convince the public that they are grappling with the disease. When it is considered that there are several million children in this city and less than seven hundred cases all told, the 'scare' thrown into the public by the health authorities is far from being warranted. This is not the first time the city has been visited by the scourge, which is less frequent than other infantile summer diseases and takes a less heavy toll in deaths. It is endemic at all times and like certain other diseases becomes epidemic at stated periods. The best way to conquer it is to keep cool. The Health Department and other city departments should set an example in this respect. What they are doing is the reverse."

The New York Sun for July 16, 1916, said:

"The grossly exaggerated notion that prevails here and

throughout the country concerning the prevalence of infantile paralysis in New York, the hardships that have been inflicted on the population, the turmoil that has been caused all over the country, result from the acts and words, not of the newspapers, but of public officers who lost their heads, or else had no heads to lose."

The Louisville (Ky.) Courier-Journal for July 15, 1916, said:

- "We are now having one of those periodical panics into which the people, part of the press and some of the physicians themselves are thrown on the appearance of the less common infectious or contagious diseases.

"Just now it is infantile paralysis that is alarming the public. Newspapers are inciting that alarm, while some of the men who speak for medical science, and even some who are commissioned as health authorities, betray a notable ignorance of this particular malady, whose prevention they would promote through measures no more germane to infantile paralysis than to a 'stumped' toe.

"Infantile paralysis is a horrible disease, but it is no more horrible, while it is less fatal, than several other diseases which are always preying on us and about which we concern ourselves very little except when we or some of those near to us become their victims."

Relation of Sanitation to Public Health.—It is a generally recognized fact that sanitation is largely responsible for the reduction which has taken place in epidemic diseases. The important role which sanitation plays in the prevention of disease is discussed at length in an article recently appearing in the Journal of the American Medical Association, by George A. Soper, Ph. D., Major, Sanitary Corps, U. S. Army, New York. He says¹:

"The epidemic diseases are disappearing, probably not so much because of the fight that is made directly against them,

¹Journal of the American Medical Association, November 8, 1919, p. 1406.

as on account of indirect influences that bear on them. It is impossible to state with scientific accuracy what all of these are or exactly how they operate, but it is possible that they have to do with the higher standards of living which prevail.

"Disease is an ally of ignorance, dirt and disorder, and it everywhere tends to disappear on the improvement of knowledge and of social conditions. Standards of personal, domestic and municipal living are ever advancing and sweeping away the opportunities that formerly existed for the spread of infection. * * * *

"Sanitary works possess a number of advantages as compared with other measures for the prevention of disease. First, they have a wholesale application. A water supply that is made pure is wholesome for every person who has occasion to drink it. Although there is a considerable investment of capital in these enterprises, the maintenance charges are not excessive and the results are satisfactory. Yielding to works of sanitation are not only typhoid, dysentery and other diarrheal diseases, but some other forms of sickness that cannot conceivably be conveyed by drinking water. This phenomenon has been described in papers that are so easily accessible as to need no repetition here.

"It is impossible to pass this point without suggesting that the introduction of any measure that materially contributes to the cleanness, convenience and order of a community helps to eliminate disease, even though its exact manner of doing so may not be apparent. Simple cleanness is one of the most healthful as well as one of the most educative measures known."

The opening of the drainage canal in Chicago is another example of the value of sanitation in the reduction of disease. William Joseph Showalter in *The National Geographic Magazine* for January, 1919, says:

"'Sic Semper Typhoid.'—The result of the opening of the drainage canal was phenomenal. Typhoid, which had reached

a degree of prevalence that was truly alarming, began to subside immediately, and Chicago, but lately the most unhealthy principal city in America, soon was cutting down its death rate faster than any similar community anywhere. No man who knows the history of the conquest of water-borne disease by the building of this canal can fail to appreciate the triumph of the sanitarians. They said they would cut the typhoid rate in half, but they actually sliced off more than 90 per cent of it!"

Dr. Victor G. Heiser, Director for the East, International Health Board of the Rockefeller Foundation, also attributes typhoid and other intestinal diseases to insanitation. Referring to typhoid, hookworm infection, diarrhea, dysentery, cholera, and other intestinal diseases, Dr. Heiser says¹:

"It may be well to ask what can be done to prevent this enormous waste. The answer is simple. It is only necessary to provide for the safe disposal of the excrement of the entire population. In most of our cities the problem has been largely solved through the water carriage of sewage. Yet, even in Philadelphia, there are thousands of open privies which may be a menace to health through the agency of flies and other sources of contact which may cause contamination of human food and drink."

Relation of Higher Living Conditions to Public Health.—

Higher living conditions is another factor which must be taken into consideration in public health work. In a report of a subcommittee of the state-wide tuberculosis committee, which was appointed by Governor Goldsborough of Maryland and published in the *Baltimore American*, January 15, 1916, it is recommended that more attention be given to higher living conditions in the campaign against tuberculosis. It says:

"Reliable studies inform us that 90 per cent of the human race is tuberculosis infected, and that infection occurs at a

¹Article in *The Annals of the American Academy of Political and Social Science*, July, 1918, p. 48.

very early stage, so that at 12 years few children have escaped it. Relatively a small number of those infected subsequently become tuberculous so that something more than infection is necessary for tuberculosis to develop. What this something is we do not know.

"Higher Living Standards"

"Here is the field for wide social activity. Everything that makes for higher standards of living and for improved personal hygiene is a valuable arm against tuberculosis. Housing laws, child-labor laws, the wage question, municipal recreation centers, the liquor question, social service in all its departments, vacation lodges, open-air schools, factory inspection, and so on are all indirectly reliable anti-tuberculosis agitation "

Relation of Family Income to Public Health.—The relation of poverty to a high morbidity and mortality rate has been the subject of numerous investigations, all of which indicate that progress toward the elimination of disease depends largely upon the family income.

The Bulletin of the Kansas State Board of Health for August-September, 1918 commented as follows upon a publication by the Children's Bureau, Washington, D. C. entitled "Studies in Infant Mortality":

"The infant mortality rate shows a marked and almost regular decline as the father's earnings become larger. For the group of babies in which the father's earnings are less than \$450 per annum, the infant mortality rate is 242.9 per 1,000 live births, while in the next group, in which the father earns from \$450 to \$549, the rate is 173.6. It rises very slightly in the next class \$550 to \$649 to 174.5, and thereafter drops steadily with each advance in economic status. The rate, however, does not fall below 100 until the father's earnings reach \$1,050 or more. Babies whose fathers earn \$1,250 and over per annum have a death rate of only 58.3."

The following is from the report of a recent investigation by representatives of the United States Public Health Service:¹

"To what extent low family income was a cause of higher sickness rate and to what extent it was an effect of disability (and thus of inability to increase income) can not, of course, be determined from these data. The condition, however, is manifest that a greater amount of disabling sickness existed among persons who were living under less favorable economic conditions than among persons whose economic status was more favorable—a condition which has been pointed out by previous observations in the literature on the social aspects of ill health and indicated by several recent studies (a). The data here presented afford additional ground for the suggestion that in the analysis of morbidity facts the factor of economic status should be given proper emphasis."

"(a) For example, physical examinations of garment workers in the cloak, suit, and shirt industry in New York City in 1914 showed that while 'no vocational diseases peculiar to garment workers' were found, the condition was 'clearly suggested . . . that the greatest number of poorly nourished, anemic tuberculous workers in an extremely seasonal industry were in that group composed of the lowest paid and the least regularly employed.' (Health of Garment Workers—The Relation of Economic Status to Health, by B. S. Warren, surgeon, and Edgar Sydenstricker, public health statistician, with an introduction by J. W. Schereschewsky, surgeon, U. S. Public Health Reports, May 26, 1916, pp. 1298-1305, Reprint No. 341.) Reference may also be made to the recent reports of infant mortality studies conducted in various communities by the Children's Bureau of the U. S. Department of Labor; to the studies of John Robertson, M.D., in Birmingham, England; and to others."

¹"Disabling Sickness Among the Population of Seven Cotton Mill Villages of South Carolina in Relation to Family Income, by Edgar Sydenstricker, Public Health Statistician; G. A. Wheeler, Assistant Surgeon; and Joseph Goldberger, Surgeon, U. S. Public Health Service, published in "Public Health Reports," U. S. Public Health Service, November 22, 1918, p. 2051.

W. C. Gorgas, formerly Surgeon-General, U. S. Army, recently said:¹

"Before these great results that we can all now see are possible for the sanitarian, we shall have to alleviate, more or less, the poverty at present existing in all civilized communities. Poverty is the greatest of all breeders of disease, and the stone wall against which every sanitarian must impinge . . . "

Analysis of Appropriations for Alleged Public Health Purposes.—An analysis of the appropriations now being made by our city, state and Federal health activities shows that sanitary engineering and other fundamental health problems are not being given the attention which they deserve by our government health activities while vast appropriations are being spent for medical purposes.

The Pennsylvania Board of Health, for example, out of a total biennial appropriation of \$5,251,604 spends \$3,384,180 for tuberculosis work and \$225,000 for school inspection. The following is an itemized statement of the appropriations for the Pennsylvania Board of Health for the biennial period ending May 31, 1919, as published in "Public Health Reports," October 18, 1918, p. 1781:

"Tuberculosis work	\$3,384,180
"General fund	1,075,000
"School inspection	225,000
"Salaries	567,424
	<hr/>
	\$5,251,604"

The California Board of Health out of a total appropriation of \$616,800 only spends \$50,000 biennially or \$25,000 annually for sanitary engineering and \$65,000 biennially for pure food

¹Address by Former Surgeon-General W. C. Gorgas, before the Clinical Society of Surgeons, Washington, D. C., as published in a communication appearing in The Philadelphia Bulletin, January, 1919.

and drugs. The appropriations for the California Board of Health for the biennial period ending June 30, 1921, as published in "Public Health Reports," July 25, 1919 are as follows:

"Traveling and contingent expenses.....	\$ 42,000
"Tuberculosis control work	200,000
"Pure food and drugs	65,000
"Hygienic laboratory and antirabic virus....	50,000
"Stenographic services	2,400
"Printing	8,000
"Contagious diseases	55,000
"Sanitary engineering	50,000
"Statutory salaries (from general appropriation)	47,800
"Support of 6 district health officers, at \$3,000, expenses, etc.	25,000
"Venereal disease control work	51,600
"Child Hygiene	20,000
	<hr/>
	\$616,800"

The Massachusetts Board of Health spends more for the production and distribution of antitoxin and vaccine and arsphenamine than it does for the Division of water supply and sewage disposal. Its appropriations for the fiscal year ending November 30, 1919, as given in "Public Health Reports," July 25, 1919, p. 1632, are as follows:

"Division of administration	\$ 28,700
"Division of hygiene	27,850
"Division of communicable diseases	101,350
"Production and distribution of antitoxin and vaccine	50,300
"Manufacture and distribution of arsphenamine	19,200
"Division of food and drug inspection	34,000

"Division of water supply and sewage disposal	65,000
"State examiners of plumbers	4,800
"An investigation relative to causes, treatment and prevention of cancer	3,000
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	\$334,200"

CHAPTER II.

DEVELOPMENT OF AND PLAN FOR STATE MEDICINE

"Every encroachment, great or small, is important enough to awaken the attention of those who are entrusted with the preservation of a constitutional government. We are not to wait till great public mischiefs come, till the government is overthrown, or liberty itself put into extreme jeopardy. We should not be worthy sons of our fathers were we so to regard great questions affecting the general freedom."—Daniel Webster, in an Address in the Senate, May 7, 1834, as quoted in "Medical Freedom," May, 1912.

THE term "State Medicine," as used by the author, is almost synonymous with the term "Compulsory Allopathic Medicine" but does not include the exercise of functions by the Government of a purely sanitary character.

Compulsion the Key-Note.—The following extracts from an address by Dr. Samuel Dixon, formerly Commissioner of Health of Pennsylvania,¹ are given to show the prominence of the element of compulsion in the campaign for state medicine:

"**COMPULSION NOT PERSUASION THE KEY-NOTE OF STATE MEDICINE.**—Let it be understood at the outset, however, that, no matter how great efforts we may make to educate the people, unless we have the *lex scripta*, the written law, to fall back on, state medicine, while it may be a beautiful science, can never be a practical art . . . the laws we must have. These laws must reach into all the relations of human life.

. . . Thus we have a state system of sanitary administration complete and symmetrical, its head at the seat of power

¹Address entitled "Law, the Foundation of State Medicine," by Samuel G. Dixon, M. D., before the American Medical Association, Atlantic City, June, 1907, and published in the *Journal of the American Medical Association*, June 8, 1907, p. 1926.

in the state, untrammelled in the exercise of authority, reaching down through the subdivisions of county and township to the people; and a department in daily touch with every nook and corner of the state through its faithful allies, the physicians of the commonwealth."

The Term "State Medicine" Defined.—Paraphrasing the last sentence of the above quotation, the term "State Medicine" may be defined as "A state (or Federal) system of administration of compulsory allopathic medicine, complete and symmetrical, its head at the seat of power in the state (or Federal Government), untrammelled in the exercise of authority, reaching down through the subdivisions of county and township to the people; and a department in daily touch with every nook and corner of the state or nation through its allies, the (allopathic) physicians of the state or nation."

Domination of Public Health Activities by Physicians.—The state boards of health are dominated almost entirely by physicians. Attention was called to this subject by Morris Knowles, C. E. in an address September, 1912, in which he said:¹

"In fifteen states all members of the state boards of health (leaving out one or two ex-officio members, as governors and attorney generals, in a few cases) are required to be physicians. Twenty-three states require one or more, but not all members of the state board of health to be physicians. In ten states there is no professional requirement for eligibility.

"Out of 46 executive officers of state boards of health (variously called commissioners, secretaries, superintendents, presidents and state health officers) 32 must be physicians and 14 have no such requirement.

"Alabama, the first in the alphabetical roll of states, will

¹Address by Morris Knowles, C. E., Director, Department of Sanitary Engineering, University of Pittsburgh, Pa., Before the Sanitary Engineering Section, American Public Health Association, Washington, D. C., September, 1912, and published in the American Journal of Public Health, February, 1913.

be given more detailed consideration for the sole reason that it is believed to represent the best example of the medical monopoly fallacy carried to its ultimate limit. Under the present law in Alabama, first enacted in 1875, and amended several times since, the Alabama Medical Association is legally constituted the State Board of Health. This association, with a membership of over eighteen hundred physicians, meets once a year and elects an executive officer, known as the state health officer, who, with the State Committee of Public Health (the Board of Censors of the Medical Association) supervises and directs the administration of the public health laws of the state, during intervals between meetings of the association."

The Directory of State and Insular Health Authorities contained in "Public Health Reports" July 25, 1919 shows that out of a total of fifty-three states and insular possessions given the executive officer of the state or insular health authority is an "M.D." in all but three of them.

Our state health authorities are not only manned almost entirely by allopathic physicians but the same is true of our Federal and local health activities.

According to the By-Laws of the American Medical Association, the leading organization of allopathic physicians in this country, "Commissioned Medical officers of the United States Army, United States Navy and the United States Public Health Service shall be Fellows" of the American Medical Association "so long as they are engaged actively in their respective service and thereafter if they have been retired on account of age or physical disability."

So closely is the American Medical Association allied with the Federal health activities that in 1916 Dr. Rupert Blue, while Surgeon-General of the United States Public Health Service, became President of the American Medical Association, and at the Annual Meeting of the American Medical Association June 9-13, 1919 Rear-Admiral William C. Braisted, Surgeon-General, United States Navy, became President-Elect of that association.

Laws and Regulations Now in Force.—The laws, rules and ordinances providing for our public health activities, as previously referred to, discriminate in favor of allopathic physicians, theories or practices.

Medical Practice Acts have been passed in a number of states tending to restrict the practice of the healing art to one school of medicine. These acts are discussed at length in another chapter.

A number of states make either vaccination, medical examinations or the teaching of subjects related to medicine a requisite for obtaining an education in the public schools.

Four states, Oregon, Wisconsin, North Dakota and Alabama have passed laws requiring a medical certificate of male applicants for a marriage license.

Laws providing for the sterilization of criminals in certain cases have been passed in Connecticut, New Jersey, Indiana, Iowa, Washington, California, New York, Nevada, Michigan, Kansas and Wisconsin. The law which was passed in Iowa has been declared unconstitutional.

Vaccination against smallpox, typhoid and paratyphoid is compulsory in the United States Army and Navy.

One of the requirements for a commission in the Medical Corps of the Army is that the applicant shall be an "M.D."

Charles E. Simon, M.D. in a recent book entitled "Human Infection Carriers" gives various rules and regulations of state boards of health and the laws on the subject of "carriers" prior to January 1, 1918. Two states, Minnesota and New York, have laws specifically referring to "carriers." The law in New York is especially drastic.

Styles in Medical Legislation.—The passage of so-called public health laws in some states has been characterized as keeping up with the styles rather than an attempt to meet the needs of the particular state. In this connection Frederick R. Green, M.D., Secretary Council on Health and Public Instruction, American Medical Association, recently said:¹

¹In an article appearing in *The Survey*, September 27, 1913.

"It may seem ridiculous to talk about fashions in public health laws. Yet careful observation will confirm the fact that legislative efforts are prone to run in certain grooves at certain times. Two years ago, every legislature that met was considering bills for the abolition of common drinking cups and roller towels. This year the styles have changed. Bills for the sterilization of criminals, the regulation of marriage, and the medical inspection of schools have been the most generally considered, and this regardless of the peculiar characteristics and needs of the particular state. For instance, in a western state with a sparse and scattered population, few large towns, a single penitentiary, an insane asylum with few inmates, and no public health organization worth mentioning, the legislature considered a bill for the sterilization of criminals, not because of present need for such a law, but to keep in line with other states."

PROPOSED LEGISLATION MAKING STATE MEDICINE MORE COMPLETE

Efforts to Secure National Department of Health.—For a quarter of a century and more the American Medical Association has carried on a vigorous campaign for the establishment of a National Department of Health. The ostensible purpose of such a department is to promote the health of the nation.

It has frequently been pointed out, however, that if a National Department of Health were established its power would be abused and that it would be used by those in control in an effort to establish a monopoly in the healing art and to secure the medical control of the citizen.

This contention is borne out by the following extracts from the Presidential Address of Dr. J. W. Van Derslice before the Illinois State Medical Society recently:¹

¹Address by Dr. Van Derslice before the Illinois State Medical Society, at Rockford, May 19, 1920, as reported in the Illinois Medical Journal, June, 1920, pp. 373-378.

"The medical profession of this country has given organized and individual effort toward the creation of a United States Department of Health. To this idea all have subscribed; this largely, first, because it appealed to our vanity; second, because many prominent members of the profession approved it. Nevertheless, the safety to the profession depends wholly upon the attitude of the recipient of the office.

"For example, the aim of some of the advocates of this venture is that the department regulate the practice of medicine and allied professions; supervise all state departments of health; all state institutions, hospitals and dispensaries; that all candidates to enter the study of medicine expecting to receive state appointment shall first secure a certification of fitness from said department and only to enlist such number as the service shall annually require; in other words build up the same political institution as West Point; to fix a health standard above the minimum of which individuals are to be considered well; to have periodic physical examinations of every individual in the state; the establishment of compulsory treatment, without limitation, other than recovery or death, of those compulsorily examined and found to be below the minimum standard of health and of those taken sick; a compulsory sickness insurance system to provide funds; the insurance premiums and payments to be determined along actuarial lines. Here is the embodiment of the defeated New York measure dressed out in new attire to be foisted upon an unsuspecting profession by the establishment of a national department of health.

* * *

"That the above picture is not greatly overdrawn as to the activities desired by those now in authority in the government public health service is evidenced by the many bills that have been introduced in Congress in which the various states were to receive government subsidies when these states agreed to act conjointly with the Public Health Service.

"There is to be a very definite attempt to secure a national

department of health in the near future. Before giving the endorsement of the organization to this venture a little caution should be exercised to see what safeguards there are to be against state medicine."

The Constitution, however, does not charge the Federal Government with the guardianship of the public health but leaves that duty to the police powers of the states and local authorities. Furthermore, a National Department of Health is not needed because there are already constituted authorities of unquestioned power and right to attend to such health matters as come within the jurisdiction of the Federal Government as indicated by the following citations from widely known medical writers.

Dr. Henry B. Hemenway of Evanston, Illinois in an address before the section on "Preventive Medicine and Public Health" of the American Medical Association, June, 1909, said:¹

"In the United States the national government has only such powers as were conferred on it by the people of the several states. Essentially the state is supreme, and there are reserved to it by the tenth amendment to the Constitution all those powers not given to the nation or prohibited by the Constitution to the state. The only authority of a sanitary nature which the nation has must be found in the regulation of commerce. We frequently hear the suggestion that the national government ought to pass a law regulating the practice of medicine, for example, so that the requirements might be uniform in all parts of the land; and to make transfers from state to state less troublesome. Though such a law might be desirable, as a practical fact it is at present impossible, for the simple reason that Congress has no power to pass such an act.

* * *

"The authority of the states to pass health laws, as in opposition to the power of Congress to regulate commerce, has

¹"The Limitations in Public Health Administration," by Dr. Hemenway, published in the Journal of the American Medical Association, August 28, 1919.

been discussed in many cases before the Supreme Court of the United States, and whenever it has appeared that the statutes or regulations have been really in the interest of health the authority of the state has been sustained."

Allan J. McLaughlin, Assistant Surgeon-General, United States Public Health Service, recently said:¹

"Police power has been given very sparingly to Federal health authorities and delegated by States in large measure to local authorities because the ultimate application of police power to the individual citizen logically belongs to the agency with which he is in direct contact, viz., the local board of health. * * * *

"I hope I have made it clear that the only need of the Public Health Service is sufficient money to carry out its programs.

"The service now possesses all the authority and function which can be given by Congress to a Federal Health agency within the limits of the Constitution."

In an address at Chicago Dr. Victor C. Vaughan, formerly President of the American Medical Association, declared:²

"The exercise of medical functions, whether the regulation of medical practice or preventive medicine, is under state control, and I think it is rather fortunate that this is the case, because, divided as we are into forty-eight political groups, we do not have to make the same experiments at the same time."

The unwarranted expenses of such a department would be enormous, thereby increasing the taxes necessary to maintain the Federal Government. According to Prof. Irving Fisher, an advocate of such a department, it is a³ "project which, once started, will surely expand within a decade, so that mil-

¹In an article in "Public Health Reports," September 26, 1919, pp. 2144-2147.

²Chairman's Address before Conference on Public Health and Legislation, reported in *The Journal of the American Medical Association*, April 3, 1920, p. 973.

³From letter quoted by Senator Smoot in Hearings before the Committee on Public Health and National Quarantine, United States Senate, on the Bill S. 6049 "To Establish a Department of Health and for other Purposes," April 29, 1910, Part 1, p. 67.

lions upon millions of government money" will be at its service.

Compulsory Health Insurance Proposed.—The first organized effort in the United States for the establishment of compulsory health insurance legislation was five or six years ago when the so-called American Association for Labor Legislation sent out thousands of copies of "A tentative Draft of a Bill." The next year the so-called Mills Bill was introduced in the New York Legislature. The following year a similar bill was introduced, but did not come out of the committee.

Efforts were then made to secure the appointment of commissions. Ten states passed bills of this kind, but the findings of the commissions for the most part have been against the adoption of compulsory health insurance.

An amendment empowering the Legislature to enact laws on the subject of compulsory health insurance was defeated in California by a vote of three to one. The amendment did not carry in a single county in the state, showing that the people generally are strongly opposed to the adoption of compulsory health insurance.

Seek Medical Control of Children.—Laws providing for medical examination of children in the public schools affords another means of extending state medicine and has been urged as a new field for professional medical activity. Even as far back as 1898 before the propaganda for medical school inspection had gained much headway in this country, the Journal of the American Medical Association for October 29 said:

"It ought to be welcome news that a new field is opening up for our professional activity . . . Any new outlet for our energies will help to either postpone that *dies irae* or to mitigate its horrors when it does arrive. And we wish to seriously call the attention of the profession to the fact that there is opening up before us today in the schoolroom an almost entirely new field of usefulness, one which could profitably absorb the entire energies of one-third of our present membership . . . "

Closely allied with the proposals for the employment of a vast number of physicians by the Government to examine children in the public schools comes the demand for the compulsory teaching of certain medical subjects in the schools. Little by little an effort is being made to bring about the medical domination of the schools and the children attending them.

Bill for Card-Indexing Everybody.—If further evidence is needed to show that there exists a well-laid plan to medically enslave the nation, attention is called to a bill¹ introduced in the United States Senate recently by Senator Joseph I. France of Maryland providing for the card-indexing of everybody.

This bill provides that the President shall specify and publicly proclaim "Census Enumeration Days" at which times all of the inhabitants of each census precinct shall go to the office of the census precinct in person or through the head of the family, parent, teacher, or head of the firm by which he may be employed, to be enrolled and to receive a numbered registration card.

The director of the Census shall make regulations concerning the carrying by individuals of identification numbered registration cards.

The bill provides for "an annual medical examination" of "all school children under fourteen years of age and of all males under forty-five years of age."

All persons under the bill are to be card-indexed and duplicate cards kept containing information as to the person's health and physical condition; any acute or chronic diseases which the person may have had; school attendance and progress; trade; business; public offices; honors or special achievements; payment of taxation or insurance premiums; whether qualified and exercising right to vote; literacy of parents;

¹S.2616, "To repeal and reenact certain sections of 'An act to provide for the Fourteenth and subsequent decennial censuses,' introduced by Senator Joseph I. France, July 24, 1919.

cause of death; and many other things too numerous to mention.

Sponsors of Legislation for State Medicine.—The average medical practitioner directs his attention to his efforts to relieve the suffering of humanity. It is not, however, the average practitioner who is advocating state medicine. It is, on the contrary, the medical organizer—the medico-politician—who displaces his busy and silent brother before the public, presumes to represent him, and becomes the recognized spokesman for “the medical profession.” He it is who formulates its public utterances, engineers with amazing deftness its propaganda through the newspapers, clubs and public organizations, drafts its legislative bills, declares to legislators and the public “the profession’s” aims and wishes, and engineers its public activities generally “in the name of” The Medical Profession.

The agitation for most of the legislation that would be included under the term “State Medicine” owes its origin to the American Medical Association, an organization chiefly composed of allopathic physicians, with its headquarters at Chicago.

This association cannot speak for the Homeopathic physicians, the Eclectic physicians, the Osteopathic physicians; the Christian Scientists, the Chiropractors, the Naturopaths and numerous other groups of practitioners, each of which have their respective organizations. It can only speak for a portion of the allopathic physicians coming within the scope of the organization. Needless to say, a large part of the allopathic physicians are opposed to the present tendency toward state medicine. This is especially true of compulsory health insurance, numerous medical societies having taken a very positive stand in opposition to this proposed innovation.

The American Medical Association came into existence in May, 1847. During the first years of its history its activities were directed along channels that might be regarded as com-

mendable. But gradually as it grew in membership and power it has sponsored a legislative program that would, if adopted, mean the medical control of everybody. A number of physicians and medical journals, including the following, have commented upon how closely the American Medical Association was organized.

In an editorial under the title "Organization Gone Mad" the *Lancet-Clinic*, a well-known medical publication of Cincinnati, in its issue for February 18, 1911 said:

"The American Medical Association is perhaps the best illustration of the effect of the organization furor. It has become to all intents and purposes a huge oligarchy. Its policies are directed by a few who, ostensibly acting as the agents of the members, in reality take the initiative in every movement, assisted thereto by the constitution of the society itself. The spirit of democracy is as foreign to it as it is in the realm of the Czar of all the Russias. It is the natural result of the modern trend of concentration, subordinating private judgment to the leaders' dictum.

"We see the same result in the various State organizations. As in the national association, so in the State societies the thoughts of the members are cribbed, cabined and confined. If any one so far forgets himself as to dissent from the established order he is made to feel the sting of disapproval, until he is glad to hide himself and his views from the gaze of his associates. With few exceptions the official organs in decency and order embalm the intellectual efforts presented at the annual gathering, and these few exceptions are the organs conducted by editors really having some ideas of their own, and these, strange to say, progressive ones. Delegates to the annual sessions vote their aye, aye, with a feeling that they have done their duty, regretting meanwhile the necessity for absenting themselves from the scientific sessions, which in their turn are attended by others who vote aye, aye, and who in turn wish they were delegates and could really do something. The machine is well-oiled and the steam roller

runs smoothly. Members are extremely careful to avoid being run over. Hence, whatever is, is right."

Dr. W. C. Gorgas, while President of the American Medical Association in 1910, said¹:

"Our association is probably the most compactly organized body of men in the whole country. Its branches are located in every part of the country. Through the county and state society we can reach all National legislators. This gives us great influence on legislation. During the past year our Committee on Medical Legislation has been very active and successful in shaping National legislation."

Efforts to Secure Assistance of Philanthropic Organizations.—The following resolution in regard to women's clubs was passed by the Council on Health and Public Instruction of the American Medical Association, June, 1911:

"*Resolved*, That this committee be made a standing committee of the Council on Health and Public Instruction to be known as the Committee for Public Health Education Among Women, and that either men or women may be members thereof, and that this committee shall have charge of the dissemination of information concerning the nature and prevention of diseases, among women's clubs, mothers' and teachers' organizations, church and settlement groups, Young Women's Christian Association, etc."

Committees have been appointed from time to time by the American Medical Association to confer with committees appointed by the National Education Association.

At the meeting of the Council on Health and Public Instruction of the American Medical Association, October 19, 1912, a proposition was considered of calling "a conference of executive officers of the leading organizations to discuss mutual co-operation and proper division of the field, with the elimination of unnecessary organizations and the co-ordination of existing activities." The Council authorized the Secretary

¹Address by Dr. Gorgas at St. Louis, June 6, 1910, published in the *Journal of the American Medical Association*, June 11, 1910, p. 1963.

to issue an invitation for a conference in New York. This was held at the headquarters of the American Association for Labor Legislation on April 12, 1912.

Should the Motive Be Questioned?—Can it be seriously contended that the American Medical Association has the public welfare solely or mainly in view in the desperate effort it is making to secure the co-ordination of the many national organizations which are being conducted for the public welfare? Whatever the motive of the American Medical Association may be its action is in line with the following recommendation by Dr. W. A. Evans, formerly Commissioner of Health of Chicago¹:

“As I see it, the wise thing for the medical profession to do is to get right into and man every great health movement; man health departments, tuberculosis societies, child and infant welfare societies, housing societies, etc.

“The future of the profession depends on keeping matters so that when the public mind thinks of these things, it automatically thinks of physicians, and not of sociologists or sanitary engineers. The profession cannot afford to have these places occupied by others than medical men.”

Opposition Within Allopathic Medical Profession.—The allopathic or so-called “regular” physicians are by no means unanimous in favor of the establishment of a national department of health and other paternalistic medical legislation tending to centralize health matters with the Federal Government.

The late Dr. H. B. Favill and other prominent leaders in the American Medical Association have on a number of occasions voiced their disapproval of attempts by that association to influence legislation.

The very pronounced opposition among allopathic physicians against the establishment of a national department of

¹Address by Dr. W. A. Evans, formerly Commissioner of Health, Chicago, Illinois, before the Section on Preventive Medicine and Public Health of the American Medical Association, Los Angeles, June, 1911, as reported in the *Journal of the American Medical Association*, September 16, 1911.

health, Federal appropriations for maternity and infancy care, for so-called "physical education", etc., is indicated very emphatically by an editorial appearing in the Illinois Medical Journal, the official organ of the Illinois State Medical Society, for May, 1920.

The editorial is entitled, "Paternalism Running Wild—Two Hundred and Fifty Million Dollars for Socializing Propaganda." It calls special attention to S. 233, for maternity and infancy care; S. 1017 for the creation of a department of education and containing certain medical provisions; S. 2507 for a department of health, and a number of other bills and says:

"The appropriations provided for by these bills aggregate \$233,740,000.

"Adding to this sum the many millions otherwise appropriated for the U. S. Public Health Service, the Children's Bureau, the Vital Statistics Division of the Census Office, the Interdepartmental Board of Social Hygiene, would probably bring appropriations for this work up to four hundred millions or perhaps a half a billion dollars. This is going some, to say the least.

"Where will it all end? We know where it ended in ruined Russia. Are we a people so favored that we can sow the wind and fail to reap the whirlwind, that we can play with pitch and elude defilement, set in motion efficient cases and escape effects, establish a system of autocracy embracing every human activity, and continue to be a Nation of free people, a Republic and indestructible union of indestructible States?

* * * *

"Unless the drift toward Bureaucratic Government is stopped, Americans will be the most ruled and standardized people in the world, and we will need armies of citizens to enforce all the laws; by and by we shall all be government employes, earning our pay by watching one another. Then, surely, the millennium will have been reached."

CHAPTER III.

PREVENTIVE MEDICINE PROGRAM NOT CONDUCTIVE TO PUBLIC HEALTH

"The trend and spirit of medical schools is toward curative medicine. The graduates of our best medical schools today are not fitted to do public health work. . . .

"It is a matter for consideration whether the medical profession should fit men for preventive medicine or turn the job over to somebody else. The sanitary engineer as an all around man is better fitted as an epidemiologist than the average physician."—Dr. Victor C. Vaughan, ex-president, American Medical Association.¹

"PREVENTIVE MEDICINE" is defined in Gould's Medical Dictionary as "the department of medicine dealing with the means and methods of preventing disease." The term is sometimes used to include sanitary engineering, food inspection and anything else dealing with the problem of public health. When so used, however, it is a misnomer because sanitary engineering and food inspection do not properly belong under the heading of a "department of medicine". Preventive Medicine, on the other hand, embraces measures for medical teaching, examination or treatment of the public for the alleged purpose of protecting the public health.

Public Being Taught To Think of Disease Instead of Health.—One result of the "Preventive Medicine" campaign is to teach the people to think of sickness, disease, and death instead of health and life. So-called "Public Health" lectures are being given all over the country describing the symptoms and causes of tuberculosis and other diseases to children and adults. Germs or microbes and the ravages of disease are pictured by word of mouth, by pictures, charts and moving

¹As reported in the Journal of the American Medical Association, April 3, 1920, p. 975.

picture films. These lectures are not only being given to adults but are frequently delivered before children in the public schools.

In a discussion of "Methods for Extending Popular Education in Public Health and Preventive Medicine,"¹ Dr. Mazyck P. Ravenel, Madison, Wisconsin, tells about using the theater as a means of popularizing the germ theory of disease. He says:

"In regard to the use of the theater for instructing the public along the lines of preventive medicine, may I tell you what we have done at Wisconsin? Many of you have probably seen notices in the newspapers of the play, 'In Germ-land'. This was given by the young ladies taking work in the department of bacteriology and hygiene at the University of Wisconsin. The characters were all dressed in costumes representing as nearly as possible various germs as we see them in stained preparations, both the useful and the harmful germs being represented. No charge was made for admission, cards of invitation being issued. It was given as a department matter for our own entertainment and instruction, yet the demand for admission from outside taxed the resources of our hall to the utmost, and throughout the country the greatest interest was excited.

"Our stage scenery was made as instructive as possible. We showed dirty roller towels on the wall, spittoons, garbage cans marked No. 23, the common drinking cup, the common sponge, the feather duster, the broom—emphasizing as much as possible the bad features of such things. We had a large rat-trap containing the rats which the women have been wearing in their hair so much of late. A garbage barrel filled with broken bottles and tin cans was called the 'Germ-ania Theater' and the play announced was, 'The Place, the Man, and the Germ.'

"These things as we presented them were quite amusing.

¹Transactions of the Section of Preventive Medicine and Public Health of the American Medical Association, held at St. Louis, Mo., June 7-10, 1910, pp. 47-48.

They catch the popular eye and at the same time give a great amount of instruction to those who have never thought on such matters before. This play is being revised and improved and during the coming year is to be put on the stage by professionals. I am sure this sort of work will do an enormous amount of good in educating the public."

An illustration of what the average allopathic physician means by the teaching of sanitation is given by a text book which has been used in a number of public schools entitled "Primer of Sanitation: Being a Simple Work on Disease Germs and How to Fight Them." The following is a list of the chapters it contains: "Why the study of disease germs is important; The cells of the body; Disease germs and how they get into the body; The struggle between the body and the germs; Bacteria; The skin; The pus-forming bacteria; Tetanus (lockjaw); The air passages and the lungs; Diphtheria; Pneumonia; Influenza; Whooping cough, and colds; Tuberculosis; The treatment of consumption; Disease germs in dust; The alimentary canal; Typhoid fever; Diseases caused by relatives of the typhoid germ; Other bacterial diseases of the intestines; Disease germs in water; Other bacterial diseases; Protozoa; Malarial fever and yellow fever; Mosquitoes; Smallpox; Other protozoan diseases; Intestinal worms; The importance of sanitation; The housefly; Disease germs in food; Disinfection; Unhygienic habits; Public sanitation; What governments can do to preserve the public health; Practical sanitation."

An Age of Vaccines and Serums.—Some idea of the vast accumulating traffic in vaccines and serums may be gained from the fact that at the end of the fiscal year June 30, 1919, thirty-one establishments were holding licenses, issued by the Treasury Department of the Federal Government, in accordance with the act of Congress approved July 1, 1902, regulating the sale of viruses, serums, etc., and eighty-nine different products were licensed.

The wholesale system of compulsion contemplated under

so-called "Preventive Medicine" may be inferred from the following extracts from an article¹ by Dr. Joseph A. White in the Charlotte Medical Journal:

"Vaccination against typhoid fever is being experimented with and has been partially successful.

"The scientific application of this principle to bacterial diseases, it is hoped, will ultimately give us such results that most of these diseases will be a thing of the past. * * * *

"It is hoped that some day a specific will be found for every germ disease, that is a remedy that, when taken into the system, will destroy the disease germ without injuring the healthy tissues.

"Protective inoculation, as in smallpox, (Jenner) is to produce, artificially, a state of immunity against certain poisons that produce disease, by being inoculated with the bacteria, or bacterial products, of that disease; just as an attack of smallpox, the scarlet fever, yellow fever, etc., protects against a subsequent attack. * * * *

"When scientific medicine has discovered the cause of any diseases, and demonstrated that it can be controlled or prevented by certain measures provided these measures can be applied, it is the duty of the state to vest its health authorities with the power to enforce their application whenever and wherever needed.

"As for example, compulsory vaccination for smallpox, the compulsory use of antitoxin in diphtheria, etc., just as we now have compulsory quarantine in well known infectious and contagious diseases by excluding or isolating persons who have been exposed to the risk of contagion. The question of invasion of personal rights and personal liberty should never obtain in the case of the few when we consider the risk of the many."

The "Carrier" Theory.—The examination, isolation and

¹"Preventive Medicine. What it has done, and What It can do, If the State will but Recognize Its Obligations to the Public," by Joseph A. White, A. M., M. D., Richmond, Va., in The Charlotte (N. C.) Medical Journal, June, 1911, p. 375.

medical treatment of healthy persons under the theory that they are "carriers" or are suspected of being "carriers" of disease also plays a leading roll under what is called preventive medicine.

Efforts to secure the enactment of legislation providing for the examination, isolation and medical treatment of healthy persons under the theory that they are "carriers" or are suspected of being carriers offers a striking illustration of the unwarranted interference with healthy persons that results from allowing one profession and one branch of that profession such complete control over our public health activities.

That the carrier theory is only a "theory" is intimated in the following statement by Dr. Shaw¹:

"With the advance of scientific research our old pet theories go on the scrap heap while new theories are evolved. Now that transmission of disease through the air and by fomites has been disproved, the present explanation is that communicable disease is transmitted only by means of infected persons, unrecognized cases and healthy carriers."

The word "fomites" in the above refers to clothing, bedding, etc., which, according to past theory, were supposed to transmit germ infection.

Charles E. Simon, M. D., in a recent book entitled "Human Infection Carriers"² mentions the following diseases as being spread by "carriers"; cholera, diphtheria, typhoid fever, enteric fever, meningococcus meningitis, poliomyelitis and certain forms of streptococcus infection, as well as certain types of pneumococcus pneumonia. He also states that "future investigations will no doubt show that still other infectious diseases are transmitted through the activity of carriers of the type that we are here considering."

According to Ralph A. Kinsella, M. D., Major, M. C., U. S.

¹"The Cause of a 'Sporadic' Case of Cerebro-Spinal Meningitis," by Henry L. K. Shaw, M. D., in the American Journal of Diseases of Children, August, 1919, p. 104.

²Simon, C. E.; Human Infection Carriers, Philadelphia, Lea & Febiger, 1919, p. 18-19.

Army, the Pfeiffer bacillus (the most generally favored candidate for the position of the bacillus of influenza) has been recovered in normal throats, in times when no epidemic of influenza existed. He says¹:

"The report of the pneumonia commission at Camp Pike, written long before influenza appeared in this country, is of value. Sputums from 132 normal individuals were studied by injecting the sputums into white mice, Pfeiffer bacilli were recovered in about 35 per cent of the cases."

According to the New York City Department of Health's Weekly Bulletin for March 15, 1919, it is estimated that about one per cent of the people of the city carry virulent diphtheria bacilli in their throats. It says:

"In connection with the question of dealing with all sources of diphtheria bacilli, Dr. Park estimates that about one per cent of the people of the city harbor virulent bacilli in their throats, and that it is not feasible to utilize throat cultures on a sufficiently large scale to discover all carriers in the community or to affect the general incidence of the disease. Assuming that we could discover the 50,000 or more persons who are carriers of virulent diphtheria bacilli under this estimate, it is obvious that it would be impracticable to isolate so many."

Dr. Charles E. Simon in "Human Infection Carriers", previously referred to, estimates the number of typhoid carriers in New York City as 25,000 or 0.3 to 0.4 per cent of the total population of any large city.

In other words, if we are to be consistent and carry out the "carrier" theory logically, and if it is found that thirty-five per cent of the people are carriers of the Pfeiffer or influenza bacillus, it would mean the isolation of over thirty-five million people as a protection against influenza.

If one per cent of the people are carriers of diphtheria, it would mean the isolation of over one million healthy persons as carriers of that disease.

¹In an article by Dr. Kinsella, published in the Journal of the American Medical Association, March 8, 1919, p. 720.

If 0.3 to 0.4 per cent of the population are carriers of typhoid fever, it would mean the isolation of 300,000 to 400,000 persons as carriers of that disease.

Furthermore, according to Charles E. Simon in "Human Infection Carriers" previously referred to, it is estimated that there are an average of ten carriers to one meningitis patient "and as carriers beget carriers it is manifestly impossible to discover them all."

Dr. David J. Davis in an article published in the Illinois Medical Journal for September, 1919, goes still further and estimates that "practically everyone" is a carrier of "typical hemolytic streptococci".

In short the proposal to arrest and isolate so-called "carriers" of disease leads to a "reductio ad absurdum".

To appreciate the fallacy of the carrier theory as applied to any particular disease it is only necessary to perform a few arithmetic calculations. If the one million healthy persons who are classified as harboring virulent diphtheria germs are an actual menace to others and if each one of them infected only one person a week it would require less than six weeks to infect the other ninety-nine millions. Similar calculations may be made for typhoid fever and other diseases.

As an example of the extreme measures already resorted to in conformity with the program for isolating "carriers" attention is called to the surgical treatment of six alleged "Typhoid Carriers" in the Army as described in an article by Drs. Nichols, Simmons and Stimmel, published in the Journal of the American Medical Association, August 30, 1919, p. 680. It says:

"Some of these men consented willingly to operation when the condition was explained. Others at first refused; but when it was made clear to them that during the war they were subject to court martial if they refused an operation that might fit them for duty, they also agreed to operation."

According to the article above referred to one of the men had what was called a nephrectomy, i. e. the "surgical excision

of the kidney" and five of the men had what were called "cholecystectomy" operations, i. e. "the operation of cutting out the gall-bladder."

According to Dr. Louis I. Harris in the Monthly Bulletin of the Department of Health, City of New York, for August, 1919, three (alleged) typhoid carriers "are detained forcibly in the Health Department hospitals" and 67 others are permitted to stay at home, but kept under constant supervision.

Says Program Increases Physician's Practice.—It is perfectly obvious that the effect of all these measures coming under the classification of "Preventive Medicine" is to enormously broaden the field of medical practice. Referring to "The Relationship of the State Department of Public Health and the Medical Profession", Dr. C. St. Clair Drake, Director of the State Department of Health, Springfield, Illinois, in an article in the Illinois Medical Journal for August, 1919, lays special emphasis upon the "increased practical returns to the physician" as a result of periodical physical examination of everybody and other measures which the Illinois State Department of Health is urging at this time. He says:

"Modern health administration in asking much of the physician is likewise giving much to the physician. The individualization of health work, instead of threatening the material interests of the doctor, actually benefits him in many ways. It is safe to say that the more intimately the individual physician becomes acquainted with the aims and purposes, the activities and underlying motives of the State Department of Health, the more valuable his influence becomes to the people of his community and the more useful the department becomes to him in the pursuit of his practice.

"Health officials are urging at this time periodical physical examination for all persons as the means of detecting insidious, organic diseases in their incipient and easily curable stages and, while the medical profession may be called upon at certain times to render gratuitous service in such examinations for purposes of education and demonstration, it is un-

questionably true that the establishment of this excellent custom is not only capable of saving or prolonging thousands of human lives, but brings increased practical returns to the physician."

Tendency Is to Belittle Value of Real Sanitation.—The preventive medicine program affects the public health detrimentally in two ways: First, by encouraging the injection of foreign matter into the pure blood of well people, thereby offsetting or tending to offset the benefits derived by sanitation; and, second, by turning the attention of the public and public health agencies away from sanitation (or the control of the physical conditions which are largely responsible for disease) and centering it on the control of the bodies of the people.

That sanitary engineering, including the furnishing of a pure water supply and the proper disposal of sewage is being crowded out, according to the present-day theorists on preventive medicine is indicated by the following declaration of Dr. Henry L. K. Shaw¹:

"It is difficult to make the public and even members of the medical profession realize that persons, not things, are responsible for the transmission of communicable disease. Many instances of alleged fomites infection were doubtless cases of carrier infection. Persons in whom the germs are growing are much more likely to be the agents of infection than are objects on which the germs are dying.

"Hill sums up the present views as follows: 'The old public health was concerned with the environment, the new is concerned with the individual. The old sought the sources of infectious diseases in the surroundings of man; the new finds them in man himself. The old public health sought these sources in the air, in the water, in the climate and topography of localities, in the temperature of soils at the depth of four and six feet, in the rise and fall of ground water, and failed because it sought them, very painstakingly and exhaustively,

¹"The Cause of a 'Sporadic' Case of Cerebro-Spinal Meningitis," by Henry L. K. Shaw, M. D., in the *American Journal of Diseases of Children*, August, 1919, p. 103.

it is true, in every place and everything where they were not. The new public health seeks these sources—and finds them—among those infected persons (or animals) whose excreta or other constituents or body contents enter the bodies of other persons.”

In an article appearing in the *Journal of the American Medical Association*, Dr. Furstman, Commissioner of Health, La Crosse, Wisconsin, also belittles the value of sanitation. He says¹:

“In the past we have paid altogether too much attention to the environment and too little to the individual in the spread of contagious diseases. * * * *

“I am very sorry to say that sanitation as a phase of health work has been the most popular and one that is probably bringing us the least results for the money spent. With the old ideas as to the spread of contagious diseases we can readily see why this has been so popular. But since most of us know better, why don't we change our methods? Most of us know that we are not saving any lives through the removal of garbage and that this activity should be taken out of health work, but we still continue to attend to it because the public demands that we take care of it. A great deal of money is being spent on food inspection, while little or nothing is being done to see whether the people that are handling the food are suffering from tuberculosis, venereal disease or other contagious diseases.

“I do not want to infer that there is no good accomplished from proper sanitation, but I do think we have been giving altogether too much credit to this work.”

Dr. W. A. Evans, formerly health commissioner of Chicago, takes the position that vaccination is “far cheaper than boiling the water or treating it with chemicals.” He says²:

¹Article by J. M. Furstman, M. D., Commissioner of Health, La Crosse, Wisconsin, in the *Journal of the American Medical Association*, November 2, 1918, p. 1463.

²Article by Dr. W. A. Evans, in the *Chicago Tribune*, August 24, 1918, and syndicated in other papers.

"We have now vaccinated nearly three million soldiers and sailors since the war began. * * * These men have had no typhoid, and will have none. * * * I have seen many surgeons vaccinating against typhoid at the rate of 400 an hour. * * * The method is *far cheaper* than boiling the water or treating it with chemicals."

Failure to observe proper sanitary precautions in many units of the American Expeditionary Forces "due to a false sense of security under the popular belief that vaccination against typhoid and paratyphoid gives a complete immunity even in the midst of gross insanitary conditions" resulted in the occurrence and distribution of typhoid-paratyphoid in many units, according to Walter D. McCaw, Colonel, Medical Corps, Chief Surgeon. He says¹:

"The occurrence and distribution of typhoid-paratyphoid in our troops has constantly and continuously been brought to the attention of all medical officers serving with the American Expeditionary Forces, through the medium of the weekly bulletin of diseases. It would appear, however, that many officers have utterly failed to grasp the significance of these reports and warnings, a fact which may be due to a false sense of security under the popular belief that vaccination against typhoid and paratyphoid gives a complete immunity even in the midst of gross insanitary conditions."

¹Article in "Public Health Reports," published by the U. S. Public Health Service, March 28, 1919, p. 605.

CHAPTER IV.

PRACTICE OF HEALING ART A PRIVATE FUNCTION

"The relation of the Church, or of all the Churches, to the State is one of the problems which the Republic may be said to have solved. It is decided that it has no relation whatever.

"The State has as much relation to religion as to medicine, and no more; and it might as well establish Homeopathy as its medical system, as Episcopacy as its religion."—The Late Andrew Carnegie in "Triumphant Democracy."

THE history of medicine should serve as a warning against the Government employing physicians or nurses to furnish medical treatment or medical advice to the public generally.

From early times the "regular" or allopathic medical practice has centered around seven or eight well-defined procedures; viz., bleeding and blistering; the administration of emetics and purgatives; stimulants and sedatives; vaccines and serums, and surgery. Bleeding and blistering have been abandoned while the use of vaccines and serums is comparatively recent.

At the present time there are numerous systems or schools of healing which do not employ any of the procedures mentioned above; others which employ one or two of the methods mentioned above but not to the same extent or in the same way as the graduates of allopathic colleges. The number of adherents of non-allopathic systems of healing has been estimated to be thirty-five million persons in the United States. Adding to this estimate those who patronize graduates of allopathic colleges who specialize in surgery, bacteriology, neurology, etc., the percentage of adherents of non-allopathic systems of healing or so-called specialists would be well over fifty per cent of the population in the United States.

Practice of Medicine in Washington's Time.—The medical treatment popular in George Washington's time offers a striking illustration of the extremes to which the dominant school of medicine may go in the employment of dangerous practices.

The following account of the medical treatment which Washington received is from an article in the *Monthly Magazine and American Review*, published in 1799, which was reprinted in the *New York Globe and Commercial Advertiser* for February 23, 1920:

"The necessity of blood-letting suggesting itself to the General he procured a bleeder in the neighborhood, who took from his arm in the night twelve or fourteen ounces of blood. He could not be prevailed on by the family to send for the attending physician till the following morning, who arrived at Mount Vernon at about 11 o'clock on Saturday. Discovering the case to be highly alarming, and foreseeing the fatal tendency of the disease, two consulting physicians were immediately sent for, who arrived, one at half after 3, and the other at 4 o'clock in the afternoon.

"In the meantime were employed two copious bleedings, a blister was applied to the part affected, two moderate doses of calomel were given, and an injection was administered, which operated on the lower intestines, but all without any perceptible advantage, the respiration becoming still more difficult and painful.

"On the arrival of the first of the consulting physicians, it was agreed as there were yet no signs of accumulation in the bronchial vessels of the lungs, to try the effect of another bleeding, when about thirty-two ounces of blood were drawn without the least apparent alleviation of the disease. Vapors of vinegar and water were frequently inhaled, ten grains of calomel were given, succeeded by repeated doses of emetic tartar, amounting in all to five or six grains, with no other effect than a copious discharge from the bowels.

"The power of life seemed now manifestly yielding to the

force of the disorder; blisters were applied to the extremities, together with a cataplasm of bran and sugar to the throat. Speaking, which had been painful from the beginning, now became almost impracticable; respiration grew more and more contracted and imperfect, till half after eleven on Saturday night, when, retaining the full possession of his intellects, he expired without a struggle.

MEDICINE NOT A SCIENCE

Tendency to Fads.—In a lengthy article appearing in the Journal of the American Medical Association August 9, 1913, Dr. Joseph Zeisler, Professor of Dermatology, Northwestern University Medical School, Chicago, points out the tendency of allopathic physicians to fads. He says:

"There was a time when ovaries were sacrificed to an extent amounting to a fad. The same criticism might perhaps without much injustice be made today as to appendectomy. A few in this audience may perhaps recollect that short-lived fad of nerve stretching in cases of tabes or may still have in mind the time when galvanocautery of the turbinated bodies in the nose was practiced for the relief of hay fever, chronic rhinitis, and almost any pathologic state in the nostrils with a great deal of vigor and very little rationality. The injections of paraffin for the relief of cosmetic defects may also be classed among the short-lived fads. The irreparable harm which this practice has often done has led to its utter abandonment except in rare instances. I may not be competent to speak about matters outside of our own special domain, but my impression is that the extent to which Freud's psychoanalysis has been exploited in neurologic literature of late borders on faddism. * * * *

"In former times I could make the almost daily observation that physicians in general and even specialists were very slow in adopting any form of treatment which required the regular use of a hypodermic syringe. That applied, of course, par-

ticularly to the treatment of syphilis. All this has changed wonderfully of late when almost anything is being treated by the injection of all sorts of serums and the so-called vaccines or bacterins. I feel perfectly incompetent to discuss that subject in general from its many points of view. I realize its great possibilities, and its scientific fundamentals, but when we see that vaccines are recommended and used for the treatment of vertigo, hay-fever, rheumatism and sciatica, of appendicitis and gall-stones, we are forced to regard such practices as fads. Regarding purely cutaneous affections, their use in sycosis and furunculosis is today pretty well established, although we are far from possessing sufficiently exact data as to dosage and frequency of injections. I can only look with mild incredulity on the reports of the cure of pruritus ani by autogenous vaccines. I should require better proof for the microbic origin of that condition before I can accept those statements * * *

"Not only in regard to therapeutics do we find a tendency to fads. We can observe a similar tendency in regard to broad pathologic and diagnostic questions. There was a period in dermatology when an attempt was made to explain most skin diseases of unknown etiology on the basis of trophoneurotic influences. That was at the time before bacteriology had become established in its varied etiologic relations. More recently the subject of anaphylaxis has been forced into the foreground and is being discussed to an extent and used to explain the cause of disease in a manner which classes it among the fads."

Says Not Always Able to Get Bearings.—In an article recently appearing in the Journal of the American Medical Association Dr. Frederick Peterson of New York points out one therapeutic measure after another which has been heralded to the allopathic medical profession and later rejected. He says¹:

"The same psychologic factors are at work in us as in the

¹"Credulity and Cures," published in the Journal of the American Medical Association, December 6, 1919, p. 1739.

general public for the creation of faith in the new drug or in the new method. We do not know enough about it to be sufficiently critical. This ignorance of ours prepares the ground for the new belief, the new conviction. Its value is asserted by authority. And we are eager to believe in the new hope of help held out to us for the healing of the sick. Then, again, there are the marvelous mysteries behind all the new names—harmones, opsonins, endocrines, amboceptors, etc.—such a wide field for new facts, such a vast horizon for new theories. We can hardly be blamed for not being always able to get our bearings in these uncharted seas.

“It has interested me to go over in this connection some of the therapeutic measures heralded to the profession with more or less vehemence of assertion during my own day. Some of these have already passed into oblivion. When I began practice, clitoridectomy was a reputed cure for many nervous disorders. One scarcely hears of it now. About that time, too, surgeons were competing for their first hundreds in ovariectomy, an operation often then performed not because of ovarian disease, but for some theoretical relation to epilepsy, insanity and the psychoneuroses. Around that period the rhinologists came into their own with the turbinated bone obsession. I suppose the reason one hears so little of it now is that most of the turbinated bones of our generation were removed. Turbinated bones have gone out, and submerged tonsils have come in. In Vienna many cases, especially those of nervous disorders, were cured by magnets applied to the spine. Electricity had a great vogue, and large static and other machines were a part of office equipment. One rarely sees them now.

“For a time, suspension of patients with locomotor ataxia on the theory that stretching the spine affected favorably the fibers in the posterior roots had vogue, and it was rather startling to enter a clinic, hospital or doctor’s office and see one man or several men hanging by the head from a miniature gallows. The passing of urethral sounds for the cure of locomotor ataxia had a brief but meteoric career. There was a

good deal of trephining for microcephalia, under the impression that the brain would grow if it was given more room; and trephining was done for a time in general paresis but abandoned for good reasons in the course of time. The rest cure had a comparatively long life among remedial measures, and it had behind it great authority and much logic; but as a cure it owed its success chiefly to the psychotherapeutic genius that launched it into existence. Except for the reverberations of his dicta in remote places, it is not employed nowadays, the antipodes of his teachings, namely, exercise and occupational therapy, taking its place. I suppose very few drugs have had such a rapid rise and sudden drop into the medical limbo as crotalin, exploited for epilepsy. It ended like the skyrocket. Perhaps I should mention here in connection with crotalin, *Bacterium cinnamicum*, which caused so many epileptics to have their colons reduced to semicolons by operation. This germ is extinct, along with the general paresis germ discovered in Scotland some years ago.

"I presume many recall a series of volumes entitled 'Biographic Clinics,' by which the enthusiastic author, an ophthalmologist, sought to prove that the majority of diseases were due to eye strain and could be corrected by prisms. He was very bitter against certain of his confreres who believed in the same etiology of human illnesses, but who insisted quite violently on the cutting of eye muscles by a long series of delicate operations to remove eye strain. The originator of the latter method was awarded a prize by a distinguished foreign medical society for his great contribution to science!

"Our past experience should lead us to be extremely cautious and skeptical in the presence of many of the therapeutic measures before us now. Leaders, despite their great intelligence, and high position, often stampede the rank and file of us like sheep. Our leaders are very human and subject to the sway of the personal equation. I know one general consultant who seldom makes a diagnosis of anything except hypothyroidism or hyperthyroidism; in fact, I believe that he

must in his mind have classified the whole human race as superior and inferior thyroids. I know another who does not see ordinary things in the ordinary light of day, but by a prismatic light; he sees them through the rainbow of the endocrines. Surely, so much pulling of teeth, so much removal of submerged tonsils, is not justified by results. At least I feel so from the many cases of psychoses, nervousness, sciaticas, neuralgia, spinal pains, cervicobrachial neuritis, and the like which have come under observation after such treatment had proved futile.

"I am glad to see a growing skepticism with regard to Wassermann tests. They are of real value as corroborative of clinical findings; but when these are in doubt, the Wassermann tests should be controlled by reports from three different laboratories. It is not long since a single laboratory test was considered final, and that despite the presence or lack of clinical evidence."

FAILURE TO DISTINGUISH BETWEEN THERAPEUTICS AND SOUND PUBLIC HEALTH MEASURES

The reports and proceedings of the various municipal, state and Federal public health activities show a failure to properly differentiate between the individual relations existing in the practice of the healing art and the public relations existing in the carrying out of sound public health measures.

This is shown by the repeated requests for vast appropriations for the alleged purpose of protecting the public health but in reality to furnish medical treatment and medical advice by physicians or nurses and medical supplies to the public.

It is also shown by the character of the publications issued by our various public health activities. The phrase "Call a Doctor" is used repeatedly in these publications. This phrase is made to take its place beside the "Eat More Raisins"

of the raisin growers' association and the "Eat a Plate of Ice Cream Every Day" of the ice cream manufacturers.

Health board publications are used quite generally to defend and encourage the use of sectarian medical practices such as vaccines and serums for the prevention or cure of a number of diseases. This is illustrated by the efforts now being made by the United States Public Health Service and other Government health activities to popularize the use of the Schick Test and to encourage the use of Toxin-Antitoxin as an alleged protection for children against diphtheria.

The following article, for example, which was published in "Public Health Reports", the official weekly bulletin of the United States Public Health Service, under date of May 16, 1919 urges the widespread use of the Schick Test and Toxin-antitoxin:

p. 1049. "Newer Methods of Controlling Diphtheria.

"The excellent results obtained by Park with routine Schick tests and the subsequent active immunization of susceptible individuals with toxin-antitoxin mixtures should lead to the wider use of these procedures for the administrative control of diphtheria. The attention of State and municipal health officers is therefore called to the article on page 1063 describing the outfits supplied by various manufacturers of biological products for making Schick tests and for actively immunizing with toxin-antitoxin mixtures. The widespread use of the procedures mentioned, especially where diphtheria is at all prevalent, would constitute a distinct advance in the present methods of controlling this disease."

Five Deaths Caused by Toxin-Antitoxin.—In Dallas, Texas where toxin-antitoxin was recently tried out on a number of children there were forty severe reactions including five deaths. The following account of the experience in Dallas was given in the Journal of the American Medical Association for December 6, 1919, p. 1778:

"Deaths Following Toxin-Antitoxin.—On recommendation of the city board of health of Dallas that toxin-anti-

toxin be given as an immunizing agent against diphtheria, several hundred doses were administered by private and municipal physicians. Forty severe reactions followed the administration of a particular series issued by one manufacturer. The children who received this series manifested a severe reaction characterized by high fever, vomiting and pain at the site of injection, which occurred a few hours after administration. Within forty-eight hours the skin over the site of injection became intensely inflamed; the area extending over the forearm, shoulder and hand, and in some cases across the chest. Large vesicles filled with clear fluid appeared. General reaction subsided within four to six days and the local reaction within eight to ten days. Five deaths occurred in this series from twelve to sixteen days following the administration of the toxin-antitoxin, death being ascribed to acute myocarditis. The local reaction had disappeared a few days previous to death. No post mortem examinations were made, but the symptoms and physical signs which occurred were due to excessive amounts of toxin. All other series of toxin-antitoxin issued by this manufacturer and all ordinary antitoxin used were found to be harmless and not followed by reaction."

CHAPTER V

GERM THEORY THE BASIS FOR MUCH UNJUST LEGISLATION

"With all the wonderful strides of our science in one hundred years, we still have the public as abjectly cowed today, before the omnipotent hosts of bacteria, as it was by the evil spirits and ghosts and witches of a past century."—Dr. Park L. Myers, Toledo, Ohio.

THE theory that minute organisms called "germs" are the sole cause of certain diseases or what is commonly known as "The Germ Theory" has been the basis for numerous laws, rules and regulations antagonistic to personal liberty such as the forcible removal of consumptives in certain cases in Boston under the ruling of the local board of health, vaccination as a requisite for obtaining an education in some states and the compulsory wearing of face masks in public places in a few cities during the epidemic of influenza in 1918.

Bacteriophobia and Health Board Folly.—Some idea of the character of the regulations being proposed which are based on the germ theory may be gained from the following extracts from an article by Dr. J. W. Hodge¹:

"It has been proposed and recommended that the hundreds of thousands of consumptives in the United States be removed from their homes and segregated in State sanatoria; that pest-houses for consumptives be established to which these unfortunates shall be transferred (by force if necessary), and that everybody and everything in the remotest degree related to consumption be placed under health board surveillance; that every house in which a consumptive has lived or died be des-

¹"Some Observations and Reflections on the Theory of the Microbic Origin of Disease," by J. W. Hodge, M. D., in the "Medical Century," March, 1906.

troyed by fire; that the clothing of consumptives be fumigated and boiled before being sent to the laundry. Many such preposterous measures formulated by health-boards, coupled with their hysterical declamations about the communicability of tuberculosis, have put consumptives before the public in the attitude of criminals, besides inflicting upon this class of patients many other genuine hardships.

"It has been recommended that all domestics be examined by official inspectors before being admitted into a household; that all school pupils have their throats officially inspected every morning before entering school; that all the children in our public schools be injected at stated intervals with antitoxin in order to immunize them against diphtheria; that it is dangerous for even a healthy person to spit upon the sidewalks; that it is not safe for men to wear whiskers; that it is dangerous to frequent the town post-office or the court-room unless these are daily disinfected; that it is not safe to enter a department store, a theater or a trolley car that is not daily fumigated; that it is dangerous to receive letters written by a consumptive, or handled by consumptive clerks or carriers; that it is not safe to use plates, cups, knives, forks, or spoons in restaurants or hotels because the simple rinsing of these articles in boiling water is not sufficient to kill the microbes; that it is not safe to drink water which has not been sterilized; that it is unsafe to eat vegetables that have not been washed in sterilized water; that it is dangerous to eat the flesh of the bovine species until it has been cooked sufficiently to destroy the tubercle bacilli; that for the same reason it is dangerous to eat butter, cheese, cream or milk that has not been Pasteurized. . . ."

Medical Profession Not Unanimous In Acceptance of the Germ Theory.—In another article on the subject of "Bacteriophobia and Medical Fads",¹ Dr. Hodge calls attention to the fact that the medical profession is not unanimous in acceptance of the germ theory; that the theory of the bacterial

¹Reprint from the Daily Cataract Journal, of July 22, 1905.

origin of disease has become a source of terror to the non-medical world; and that in his opinion the germs are there as scavengers, as friends to the patient and as foes to the disease. He says:

"There is a popular impression among the misinformed that the medical profession is unanimous in its acceptance of the germ-theory of disease, that is, the theory that all infectious and most other diseases are due to the entrance of living micro-organisms into the bodies of those affected. This impression is grossly erroneous. Many of the most advanced thinkers in the medical profession, both in this country and abroad, are frank in the expression of their convictions that the germ-theory has no scientific basis upon which to rest its claims. It is a mere fantasy of fussy microscopists who know little or nothing of the real nature of disease. Moreover, many investigators who were at one time identified with the germ-theory, are now on record as having abandoned it as untenable. For instance, at the 13th triennial session of the International Medical Congress, held in Paris in 1903, Dr. Rudolph Virchow, who is conceded to be the world's leading authority on this subject, frankly said: 'Microbes are always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease.' This statement coming from one who was formerly a leading advocate of the germ-theory, is significant indeed. . . .

"When . . . Robert Koch, announced his germ-theory he added a new and heavy burden to the many with which suffering humanity was already afflicted. A few decades ago the world was in blissful ignorance of microbes. Now the microbe is here, there and everywhere, in all that we eat and drink and wear, in the air we breathe, in the smoke and the dust, in the garbage, on the tools we use, and in the ground we tread, making of life an apprehensive possibility and a galling suspicion. By the announcement of the discovery of the disease-germ, a new source of anxiety was added to hu-

man existence, and this anxiety is all the more burdensome because the object of it is unseen and one cannot tell at what instant he may be exposing himself to its insidious attacks. The theory of the bacterial origin of disease has become a source of terror to the non-medical world. Thousands of timid and weak-minded people make themselves miserable by a constant dread lest they be surreptitiously attacked by these omnipresent but invisible enemies; not daring to drink a glass of water or a cup of milk unless it has been boiled or sterilized in order to destroy the dreaded foe. These are the very people who fall easy victims to typhoid fever, cholera and other so-called germ-diseases. I am convinced that it is not the germ but the fear thereof that is responsible for the undoing of these timid and weak-minded people.

* * * *

“Again, it is a well known fact that all mucous orifices of the body, even of healthy persons, swarm with pathogenic bacteria of many descriptions, some of them being of the supposed most virulent character. But someone asks: ‘Do you deny the existence of germs?’ I answer ‘No.’ The germ is a fact, a fact of great interest to the biologist, but of little importance to the pathologist. Germs are a physiological fact, but the attempt to consign them to the domain of pathology is a libel on these tiny harmless creatures which swarm in all vital air, in all sparkling drinking water, in all wholesome food, and in every healthy tissue of our bodies. Again somebody asks: ‘Do we not find germs in diseased as well as in healthy tissues?’ Again, I answer ‘Yes.’ They are there as scavengers, as friends to the patient and as foes to the disease. To charge them with having caused the disease would be as unfair to them as it would be unjust to charge the street scavenger with having produced the filth which he is engaged in removing. . .”

Official Medical Journal Warns Against the Dread of Microbes.—The Journal of the American Medical Association, in a lengthy editorial entitled, “Germophobia” called attention to the absurd extremes to which the germ theory has

been carried stating that "an insane terror of infection may make life very miserable without appreciably lengthening or strengthening it." It said¹:

"The development of the science of bacteriology has given rise to a new type of 'phobia—the dread of microbes. That vague dread of the mysterious and unseen or unknown which formerly attached to gnomes and kobolds now surrounds microzoa and bacteria, beings as invisible to the unaided eye of flesh and, to the popular fancy, ten times as full of maleficent power. The very word 'microbe'—innocent enough in its definition of 'a little living being'—has, in the minds of most persons, an ill-defined malign implication. Science itself has encouraged, though without design, this one-sided view of the activities of micro-organisms, for, naturally, the pathogenic germs have been studied before the non-pathogenic, and largely to the exclusion of the latter. Popular writing, moreover, usually exaggerates and often distorts the obvious trend of science.

* * * *

"An aversion to unnecessary contamination by noxious micro-organisms may well serve as a protection against disease; but an insane terror of infection may make life very miserable without appreciably lengthening or strengthening it. In the first place, the paradise of faultless prophylaxis—the aseptic Eden which seems to be the ideal of the germophobes—is unattainable. We cannot banish micro-organisms from our human world; we can only try to keep that balance of conditions most favorable to the life of the human organism. In the second place, the attitude of mind cultivated in the perpetual endeavor to evade disease may be almost a worse evil than the disease itself. . ."

Says People Have Been Frightened Into Panicky Laws.
—In a paper entitled "Where We Skid"¹ Dr. Park L. Myers

¹Editorial in Journal of the American Medical Association, January 8, 1910, pp. 135-136.

¹"Where We Skid," by Dr. Park L. Myers before the Pediatric Section of the Ohio State Medical Association and published in the Ohio State Medical Journal, February 15, 1907.

referred to the hysteria created over bacteria and asks if they had not better hedge a little "before the great lay mind grasps the fact that they were frightened into panicky laws and restrictions over wil-o'-wisp possibilities and not probabilities or actualities." He says:

"There is another department in which I fear we are suffering a skid in our auto of medical progress.

"We have become exhilarated and enthused in our chase of him or it. We have described, in lurid John-Smith-Sixteenth century terms, the deadly characteristics, the omnipresence, the elusiveness, the omnivorousness, until we have worked ourselves into an oratorical frenzy and our public into a veritable bacteriophobia.

"In our pursuit of the bacteria, his habitat, his cultural growth, his loves of reds and blues and his pathologies—we have rushed across the middle of the boulevards of scientific truthful good, and are mighty close onto the opposite curb.

"Should we not veer a little?

"Had we not better hedge a little before the great lay mind grasps the fact that they were frightened into panicky laws and restrictions over wil-o'-wisp possibilities, and not probabilities or actualities?

"Thus, I believe that the effect of worry and exhaustion on the rabbit and of cold on the chicken (as told in all classical texts on bacteria), prove beyond all cavil the co-importance, the superior importance, of tissue reaction over powers of infection; that with our knowledge of bacteria, the fear and danger of all disease ought to be much less; in fact, as much less as our knowledge is more exact, as to facts of bacteria growing and killing.

"I believe that the enforcement of stringent quarantines by startling placards or uniformed police, and particularly the rush and enforced privacy of funeral ceremonies are all but a sinister reflection upon the truth of our claims of our power to destroy bacteria by fumigation.

"With all the wonderful strides of our science in one hun-

dred years, we still have the public as abjectly cowed today, before the omnipotent hosts of bacteria, as it was by the evil spirits and ghosts and witches of a past century."

CHAPTER VI

FALLACY OF PLEA FOR MEDICAL CONTROL THROUGH MEDICAL PRACTICE ACTS

"When a doctor notes what he considers good effects from his own practice, it is natural for him to let well enough alone, and refrain from exploring unknown lines. Here, as elsewhere, individual success goes the better for a certain narrowness, which therefore is not wholly evil. But when ignorance and narrowness, instead of being humble, grow insolent and authoritative, and ask for laws whose only immediate result can be to consecrate and perpetuate them, then I think that every citizen interested in the growth of a genuinely complete medical science should rise up and protest."—The Late Professor William James.

AT the present time a number of states have medical practice acts now in force requiring applicants for a license to practice medicine and surgery to pass an examination before a medical licensing board; applicants for a license to practice osteopathy to pass an examination before an osteopathic licensing board, and applicants for a license to practice chiropractic to pass an examination before a chiropractic board. The question of whether or not such legislation has a tendency to elevate the respective systems above referred to or to protect the public against incompetent practitioners is not here entered into.

The purpose of this chapter is to show the fallacy of the plea on which a single school of healing (the Allopathic) bases its demand for further and more restrictive legislation, with the object of suppressing the practice of all other systems of healing. It will show that the use of the medical practice act as a weapon with which to keep competitors from ministering to the sick and preventing the public from having the benefit of their professional services constitutes a vicious and wholly illegitimate use of the medical practice act.

Practice of "Regular" Physicians Is Exclusive.—One of the favorite expressions of those seeking to gain complete control of the healing art under the plea of protecting the public health is set forth in a recent memorandum¹ by former Surgeon-General Gorgas to the Adjutant-General of the Army. While it is specious and unsound it is plausible and is usually accepted as conclusive. So much so that it is believed that the exponents of organized medicine have come to believe it themselves. It is as follows:

"The time has long passed for exclusive adherence to any particular school of medical doctrine or practice, such as is implied by the degree of doctor of osteopathy, of chiropractic, of naturopathy, of mechanotherapy, of eclectic medicine, or any other 'pathy.' The terms 'allopathy,' 'old school,' etc. are equally objectionable. A scientifically educated physician is at liberty, and it is his duty to employ any method of treatment whatever which he believes will benefit his patient."

The sectarianism within the allopathic or so-called "regular" system of healing is brought out very clearly in the following extracts from an address by the late Professor William James of Harvard College regarding the exemption of the mind-curers from the operation of a drastic law pending before the Massachusetts legislature²:

"Were medicine at present a finished science, with all practitioners in agreement about methods of treatment, such a bill as this, to make it penal to treat a patient without having passed an examination, would be unobjectionable. But it would also be unnecessary then. No one would attempt to cure people without the instruction required.

"But the present condition of medical knowledge is widely different from such a state. Both as to principle and as to practice our knowledge is deplorably imperfect. The whole

¹Published in The Journal of the American Medical Association, May 18, 1918, p. 1468.

²Address by Prof. James delivered before the Committee on Public Health, at the State House, Boston, Mass., March 2, 1898, and published in "Banner of Light," March 12, 1898.

face of medicine changes unexpectedly from one generation to another, in consequence of widening experience; and as we look back, with a mixture of amusement and horror at the practice of our grandfathers, so we cannot be sure how large a portion of our present practice will awaken similar feelings in our posterity.

"Each generation adds something, it is to be hoped, to the treatment that will not pass away. Few of us recall the introduction of the water-cure, but many now living can recall the discovery of anesthetics. Most of us recollect when medical electricity and massage came in, and we have all witnessed the spreading triumphs of antiseptic surgery, and are now hearing of the antitoxins and of the way in which hypnotic suggestion, and all the other purely mental therapeutic methods, are achieving cures.

"Some of these therapeutic methods arose inside of the regular profession; others outside of it. In all cases they have appealed to experience for their credentials. But experience in medicine seems to be an exceedingly difficult thing. Take homeopathy, for instance, now nearly a century old. An enormous mass of experience, both of homeopathic doctors and their patients, is invoked in favor of the efficiency of these remedies and doses. But the regular profession stands firm in its belief that such experience is worthless, and that the whole history is one of quackery and delusion. In spite of the rival schools appealing to experience, their conflict is much more like that of two philosophers or two theologians. Your experience, says one side to the other, simply isn't fit to count.

"So we have great schools of medical practice, each with its well-satisfied adherents, living on in absolute ignorance of each other and each other's experience. How many of the graduates, recent or early, of the Harvard Medical School have spent twenty-four hours of their lives in experimentally testing homeopathic remedies, or seeing them tested? Probably not ten in the whole Commonwealth. How many of my

learned medical friends, who today are so freely denouncing mind-cure methods as an abominable superstition, have taken the pains to follow up the cases of some mind-curer, one by one, so as to acquaint themselves with the results? I doubt if there be a single individual. Of such experience as that, they say, 'Give me ignorance rather than knowledge.' And the Club-opinion of the Massachusetts Medical Society pats them on the head and backs them up. I don't blame any set of practitioners for remaining ignorant of all practice but their own. The subject is too overwhelmingly great. It takes an entire life to gain adequate experience of a few diseases and a few remedial methods. When a doctor notes what he considers good effects from his own practice, it is natural for him to let well enough alone, and refrain from exploring unknown lines. Here, as elsewhere, individual success goes the better for a certain narrowness, which therefore, is not wholly evil. But when ignorance and narrowness, instead of being humble, grow insolent and authoritative, and ask for laws whose only immediate result can be to consecrate and perpetuate them, then I think that every citizen interested in the growth of a genuinely complete medical science should rise up and protest.

* * * *

"In the matter of pharmacy, in the matter of such an art as plumbing, the legislature may impose examination and grant license without harm. The facts are here ultra simple in comparison, and no differences whatever of conscientious opinion among the experts as to what is right. But this case of medical practice is absolutely different. It is the confusion, the deplorable imperfection of the most expert knowledge, and the conscientious divergences of opinion, the infinite complication of the phenomena, and the varying and mutually-exclusive fields of experience, that are the very essence of the case.

* * * *

"The blindness of a type of mind is not diminished when

those who have it band themselves together in a corporate profession. By just as much as they hold each other to be thorough and conscientious, there, by just so much along the other lines do they not only permit but even compel each other to be shallow. When I was a medical student I feel sure that any one of us would have been ashamed to be caught looking into a homeopathic book by a professor. We had to sneer at homeopathy by word of command. Such was the school opinion at that time, and I imagine that similar encouragements to superficiality in various directions exist in the medical schools of today. * * * *

"The hinge of my whole contention, you see, is that in strictly medical quarrels the state has no right to interfere."

Training In Medical Diagnosis No Criterion For Practice Of Healing Art.—Another claim frequently advanced in favor of the medical control of the practice of the healing art is that all practitioners, no matter what system they use, should be trained in medical diagnosis, the assumption being that those who have had a medical training are able to tell what is wrong with the patient and that they are the only ones who can do so. This claim is expressed in the following extract from an article under "Current Comment" in the Journal of the American Medical Association for August 24, 1912:

"In the treatment of human ailments, the matter of first importance to the conscientious physician is the diagnosis: 'what is causing the trouble?' On the answer to this question depends the treatment, no matter whether the 'doctor' is a regular physician, an eclectic, an osteopath, a homeopath, a chiropractic, a Christian Scientist, a mental healer or what not. The first essential is the diagnosis; and unless the 'doctor' is sufficiently well trained in the fundamental medical sciences to make a diagnosis, he is not qualified to treat the patient intelligently by any method whatever. Treatment is certainly of great importance, and from the patient's point of view is doubtless the most essential point. But without a knowledge of the disease—of the actual condition—any treat-

ment would be pure guesswork, unscientific and as liable to do harm as good."

Inasmuch as each system of healing explains the cause of diseases in a different way it would be just as unjust and un-American for the Government to require that all persons who practice the healing art diagnose in the same way as it would be to require that they administer the same kind of treatment.

In the preceding chapter attention was called to the fact that there is a wide difference of opinion, even within the medical profession, as to whether or not germs are the cause of all infectious and most other diseases.

No one questions the importance of finding out "What is causing the trouble?" The practitioners of one system of healing are just as interested in that as the practitioners of another system. They all differ very widely, however, as to what constitutes the basis for disease,—whether it be physical or metaphysical; chemical or bacteriological; or any one of the numerous other bases which are claimed to be the cause of disease. The following extract from an address by Dr. Richard C. Cabot is an illustration of how different bases are used in endeavoring to determine "What is causing the trouble?"¹:

"We read that certain criminologists have by long study and examination found what they consider to be definite physical evidence of a criminal build, certain abnormalities of skull, ears, palate, etc., and that the main thing to do is to study the physical man if you wish to determine his guilt and plan his treatment. It matters not that every prison official with long experience in caring for criminals says that this is not so, and that these supposed 'stigmata' are not characteristic. Never mind. We must have some explanation, easy and quick, and therefore seize upon the physical conception of criminology.

¹Address by Dr. Cabot, entitled "The Consecration of the Affections," before the American School Hygiene Association, February 3, 1911.

"The problem of the backward child is brought before us: we face a great spiritual puzzle and we solve it in the same hurried manner. We say: 'Cut out the child's adenoids and the trouble will cease.' Now and then that is true. Sometimes the child is brighter and better after the adenoid operation. But it is always easier to cut out the tonsils than to face the whole problem of why that child is backward and what are the circumstances leading up to his condition at this moment; so we send for the doctor, have the operation done and feel relieved. But in many, many cases the backward child is there just the same, and will be there until we recognize the spiritual problem of his individuality. The average child responds to average methods of teaching and those methods come to be accepted as standard. But there are others who are intelligent, yet cannot learn by the regular methods suited to the majority. These special children need special study and special ingenuity, and we shrink from the task. It is much easier to say that they have adenoids"

The methods used by allopathic or so-called "regular" physicians are constantly changing. This is pointed out in the following extracts from an article by Dr. Joseph Zeisler entitled "Our Tendency to Fads" appearing in the Journal of the American Medical Association August 9, 1913:

"Not only in regard to therapeutics do we find a tendency to fads. We can observe a similar tendency in regard to broad pathologic and diagnostic questions. There was a period in dermatology when an attempt was made to explain most skin diseases of unknown etiology on the basis of trophoneurotic influences. That was at the time before bacteriology had become established in its varied etiologic relations. More recently the subject of anaphylaxis has been forced into the foreground and is being discussed to an extent and used to explain the cause of disease in a manner which classes it among the fads."

In an article appearing in The Journal of the American Medical Association for May 20, 1916, Dr. Ludvig Hektoen,

Chicago, calls attention to the advocacy and later abandonment of the opsonic index. He says:

"In the early days after Wright's discovery of the opsonins and his advocacy of specific vaccine treatment under the guidance of the opsonic index, much attention was given to this index as a measure of specific resistance and in less degree as a means of diagnosis. Soon doubts arose as to the value of the index; the accuracy of the method was questioned, and emphasis was put on the limitations of the results as not being a measure of the final degree of immunity because applicable to one factor only, leaving unmeasured other factors equally important and not necessarily subject to parallel fluctuations of activity. The outcome was the abandonment of the index as an essential element in vaccine treatment, which in the meantime rapidly passed into general use and, at least in this country, soon became the object of an unrestrained and indiscriminate exploitation, to which the medical profession has offered but little resistance."

The large percentage of wrong diagnoses by "regular" physicians is discussed at length in the following chapter. It shows that the average diagnosis by the allopathic or so-called "regular" physician is so unreliable that it is regarded as only a matter of opinion.

Scholarship Not The Final Criterion.—The fallacy of the contention that educational requirements are a proper criterion for regulating the practice of the healing art is brought out by the following declaration by Dr. Frederick Peterson in an article in the *Journal of the American Medical Association* for December 6, 1919:

"General intelligence, even great scholarship in all directions outside of medicine, is no criterion for judgment in the matter of means and methods for curing disease. Of Berkeley, one of the greatest minds of England, a philosopher, a scholar, it was said, 'Ancient learning, exact science, polished society, modern literature, and the fine arts contributed to adorn and enrich the mind of this accomplished man.' He

was a distinguished bishop as well as an illustrious scholar. But he discovered an elixer of life made by mixing a gallon of water with a quart of tar, leaving it for 48 hours, and pouring off the clear water. * * *

"The same psychologic factors are at work in us as in the general public for the creation of faith in the new drug or in the new method. We do not know enough about it to be sufficiently critical. This ignorance of ours prepares the ground for the new belief, the new conviction. Its value is asserted by authority. And we are eager to believe in the new hope of help held out to us for the healing of the sick. Then, again, there are the marvelous mysteries behind all the new names—harmones, opsonins, endocrines, amboceptors, etc.—such a wide field for new facts, such a vast horizon for new theories. We can hardly be blamed for not being always able to get our bearings in these uncharted seas."

CHAPTER VII

MEDICAL EXAMINATION OF SCHOOL CHILDREN INEFFECTIVE AND IN MANY CASES ACTUALLY HARMFUL

"It is the plain duty of the school authorities to see to it that the school buildings and all places where the students assemble for study are safe, sanitary, comfortable, well lighted and ventilated, and in every way suitable and calculated to facilitate and promote the work to be there performed. When they assume to go beyond this, and to take charge of the physical condition and health of the pupil we believe they have transcended their functions. This duty should be left to the parent or legal guardian, where it properly belongs. Furthermore, although there may be exceptional cases and localities, we should say as a general rule that if the duty of looking after the health and physical condition of the child is taken from the parent and his chosen physician and delegated to the school, it is not likely to be so well performed."—William Nottingham, M. A., Ph. D., LL. D., a Regent of the University of the State of New York.

MISTAKES In Diagnosis Not Uncommon.—As physicians themselves admit that even within our largest hospitals they are unable to diagnose more than approximately fifty per cent of advanced cases correctly, the employment of physicians in the public schools to examine the children for incipient cases must be a waste of time and money.

The following table¹ by Dr. Cabot was prepared from a study of 3,000 autopsies. It gives the correct diagnoses as ranging from 16 per cent in acute nephritis to 95 per cent in diabetes mellitus. The general average for the twenty-eight diseases given is 53.5 per cent:

¹"Diagnostic Pitfalls Identified During a Study of Three Thousand Autopsies," by Dr. Richard C. Cabot, Assistant Professor of Medicine, Harvard University, in the *Journal of the American Medical Association*, December 28, 1912.

p. 2296. "TABLE SHOWING PERCENTAGE OF CORRECT DIAGNOSES IN VARIOUS DISEASES

Diabetes Mellitus, 95%	Chronic Interstitial Nephritis, 50%
Typhoid, 92%	Thoracic Aneurysm, 50%
Aortic Regurgitation, 84%	Hepatic Cirrhosis, 39%
Cancer of Colon, 74%	Acute Endocarditis, 39%
Lobar Pneumonia, 74%	Peptic Ulcer, 36%
Chronic Glomerulonephritis, 74%	Suppurative Nephritis, 35%
Cerebral Tumor, 72.8%	Renal Tuberculosis, 33.3%
Tuberculous Meningitis, 72%	Bronchopneumonia, 33%
Gastric Cancer, 72%	Vertebral Tuberculosis, 23%
Mitral Stenosis, 69%	Chronic Myocarditis, 22%
Brain Hemorrhage, 67%	Hepatic Abscess, 20%
Septic Meningitis, 64%	Acute Pericarditis, 20%
Aortic Stenosis, 61%	Acute Nephritis, 16%
Phthisis, Active, 59%	
Miliary Tuberculosis, 52%	

The Report of the Committee on Inquiry into the Departments of Health, Charities, and Bellevue and Allied Hospitals of New York, 1913, harmonizes very closely in its findings with those of Dr. Cabot. Referring to the Report the Journal of the American Medical Association said¹:

"Part III of the Report of the Committee on Inquiry into the Departments of Health, Charities, and Bellevue and Allied Hospitals of New York contains some interesting comparisons of the clinical diagnoses and the necropsy findings in the cases of patients dying in the hospital. The comparison was made from the records by Dr. Horst Oertel, formerly chief pathologist of the Russell Sage Pathological Institute, in 388 cases in which post-mortems were held. In 87 of these, or 22.4 per cent, the clinical diagnoses were confirmed; in 116, or 29.9 per cent, the diagnoses were correct but the necropsies disclosed additional important lesions; in 54, or 13.9 per cent, the clinical diagnoses were partially correct but the necropsies revealed other important lesions; in 107, or 27.6 per cent, the clinical diagnoses were not confirmed, in 24, or 6.2 per cent, no clinical diagnoses were recorded in

¹Article in the Journal of the American Medical Association, entitled "Clinical Diagnoses and Necropsy Findings in Bellevue, April 18, 1914, p. 1279.

the death records. The clinical diagnoses were therefore confirmed in 52.3 per cent of the cases and not confirmed in 47.7 per cent. The conclusions drawn by those responsible for the report are 'not that the findings of the attending physicians at Bellevue are carelessly made and recorded, but rather that too great reliance is placed on inexperienced house physicians and interns, and also that the current knowledge necessary to make clinical diagnoses which shall approach accuracy is insufficient.' By this is meant that 'medical knowledge is not sufficiently advanced to enable physicians to diagnose with great degree of accuracy.' * * *

The unreliability of the diagnosis of incipient disease is further brought out in an article by Dr. Bushnell in which he calls attention to the modern tendency of physicians to give weight to signs formerly regarded as unimportant in the diagnosis of tuberculosis, thereby branding the person as having tuberculosis when he does not have the disease. He says²:

"For some years it has been the aim of many writers on the diagnosis of tuberculosis to discover signs which should reveal the presence of tuberculosis at a much earlier date than was possible by resort to the commonly recognized signs of that disease. This was based on the theory that a very early diagnosis would lead to more speedy and certain cure. This striving after new signs, or this giving of a new significance and weight to signs formerly regarded as unimportant, or overlooked entirely, has not been peculiar, by any means, to the profession of the United States. The tendency in this direction has been marked in the medical writings of England, France and Germany as well. * * *

"Early in the war it was reported, on the authority of Landouzy, one of the most prominent of French physicians, that during the first year of the war 86,000 soldiers were discharged from the French army on account of tuberculosis. * * *. Major Rist examined various groups of men sent

²Article by George E. Bushnell, M. D., Colonel, U. S. Army (Retired) in the Journal of the American Medical Association, March 9, 1918, pp. 663-664.

back from the front with the diagnosis of tuberculosis, and found the disease present in less than 20 per cent of the cases. Blumel, in Germany, also has reported that of cases supposed to require sanatorium treatment, examined by him, less than 20 per cent had active tuberculosis."

Says Diagnosis May Depend on "Psychological Influence."—The Bulletin of the California State Board of Health January, 1919, referring to measures adopted for the control of influenza, stated that "not only are morbidity reports unreliable, but second, and most disquieting of all, the fact is shown that there was undoubtedly a psychological influence acting upon the medical profession". It offers a diagram showing how the number of cases of influenza dropped so that for two weeks there were about as many deaths occurring as there were cases reported, and says:

"That the reporting of cases, even in San Francisco, is not accurate, is indicated by an inspection of Figure II, which illustrates two things: First, that not only are morbidity reports unreliable, but second, and most disquieting of all, the fact is shown that there was undoubtedly a psychological influence acting upon the medical profession. This is very plainly illustrated. Following the discontinuance of masking and the publication of reports from the San Francisco Department of Health to the effect that conditions were practically normal, the cases reported daily fell to a figure out of all proportion to the deaths that were occurring daily. There is absolutely no argument regarding the occurrence or non-occurrence of a death from influenza or pneumonia as the State Registrar of Vital Statistics has on file the death certificate, which is a written record giving all the details, including the actual date of death.

"There is only one explanation for the discrepancy between the case rates and the death rates in that part of the curve for November 23 to November 30, which shows that for two weeks there were about as many deaths occurring as there were cases reported. This would indicate that physicians, in

their optimism following the subsidence of the main portion of the epidemic, unconsciously stretched a point in favor of the diagnosis against influenza. The same explanation applies in part to the rapid rise of cases following the demand of the health officer for the re-enactment of a masking ordinance, in which case the physicians were again impelled by the psychological influence of the non-support of the health department by the supervisors, to give the benefit of the doubt to the side of influenza in their diagnosis."

Majority of Medical Examinations "Farcical."—Another reason for the unreliability of medical examinations of school children is the fact that parents do not wish to have their children stripped to the waist for examination whereas medical inspectors say the children must be examined in the absence of clothing or the examinations are worthless. For example, in a syndicated article appearing in the Chicago Daily News for October 22, 1918, Dr. William Brady, referring to an article by Dr. G. M. Retan, school medical inspector in Solvay, N. Y., says:

"In Solvay the medical inspector appears to be a capable and careful man. He says: 'Of course, there is no object in making an examination of the child's lungs with the child partly undressed. All manner of confusing sounds are elicited by the rubbing of the stethoscope on the clothing, and again by the rubbing of the clothing on the chest wall.'

"Through a questionnaire Dr. Retan learned that it was the rule in only fifteen of the seventy-eight school districts of the State to examine the child stripped to the waist. In other words, the great majority of medical inspections in the public schools of New York State are farcical examinations, and a casual examination of the official form or blank provided by the school authorities strongly suggests that farcical was the adjective they had in mind when they instituted the system of physical inspection."

The Cincinnati Lancet-Clinic, on the other hand, in an editorial April 8, 1911, criticised the attempt to require children

to be examined stripped to the waist in the Newark public schools as follows:

"The citizens of Newark, N. J., ought to live for a space in monarchical Prussia to realize what it is to be subject to arbitrary rule in the hospitals and schools. Absolutely no regard is said to be paid there to the demands of modesty when a careful physical examination is required to determine a diagnosis. In Newark the parents of girls in the public schools are wroth over the recent rule promulgated by the medical adviser of the local board of education, to strip girls from the waist up to ensure a correct diagnosis in diseases of the thorax. The examining staff has enforced the rule, taking groups of girls from the class-rooms and examining them in the presence of each other. Whenever a particularly refractory pupil was encountered, she was requested to bring her mother to the school the next day, and in her presence undergo the examination. There have been many complaints made by family physicians that girls were sent home with the request that the doctor treat them for diseases which upon closer examination were found absent, or it was ascertained some other condition was present. Hence the medical adviser of the board insisted that a thorough examination be made or else to abandon altogether a useless medical inspection. The parents have in general refused to be educated to the point of seeing the justice of this, and there you are!"

Medical Examinations Tend To Fasten Disease on Children.—Medical examinations, instead of being the means of guarding against disease, may bring about disease. According to Dr. Charles W. Burr, Professor of Mental Diseases in the University of Pennsylvania in an article in the New York Times, April 13, 1913, the efforts now being made to protect the physical health of children are really increasing the number of hypochondriacs. He says:

"We are doing rather too much in protecting the physical health of children. Many of them are being so imbued with the fear of disease that the number of hypochondriacs will as-

surely be increased, and hypochondriasis is a form of mental disease."

An editorial in the New York Medical Journal for January 31, 1920, shows how medical examinations are helping to swell the rapidly increasing number of neurotics. It says:

"A good many of the illnesses for which patients seek relief have a neurosis as their basis of origin, and the right abdominal pain, the visual disturbance, or the headache are merely pegs on which to hang unconscious malingering. Too frequently the peg is supplied by the too zealous, but not over-careful, physician who, by his acts or utterances, implants the idea that a certain physical ailment exists, and immediately it is created mentally by the patient. * * * Is it not quite as harmful to plant erroneous mental suggestions in the making of an examination? If we are helping to swell the rapidly increasing number of neurotics, is it not our duty to observe a few of the simple precautions which will put a stop to this?"

The following editorial entitled "The Dread of Disease" which appeared in "The Youth's Companion" June 11, 1914, p. 310, takes the position that a compulsory, universal medical examination would probably result in widespread depression and despair. It says:

"Dr. Goldwater, the New York Commissioner of Health, has recently published an article advocating 'the inauguration of universal periodic medical examinations as an indispensable means for the control of all diseases.' As an illustration of the need and importance of such a measure, he cites the recent examination of the employes of a New York bank. Every one of them was found 'abnormal' and 'on the sure road to diseases of heart, lungs, kidneys or blood vessels.'

"Possibly that discovery may have been useful and beneficial to a few of the men, that it was so to all may reasonably be doubted. It may have enabled some of them to ward off the diseases that threatened. In the cases of others, however, impaired health must have been owing to the conditions of

life and work, conditions beyond the individual's control or power to remedy. To tell such a person about the damaging but unsuspected processes going on within him is to do him no kindness. His latent malady is far less likely to be progressive while he is unaware of it; ignorance acts as a stay of execution.

"The danger of such universal medical examination as the health commissioner pleads for is that it would transform innumerable happy and to all intents and purposes healthy persons into melancholy watchers of their own symptoms, who would never again dare to exert themselves hopefully and eagerly in the business of life. So far from prolonging life, imparting such dire knowledge of themselves to people would be the means of shortening their term and of limiting their happiness and their usefulness.

"A healthy mental attitude is the greatest of all helps in preserving physical sanity; break down a healthy mental attitude, and the baleful germs that are in all of us will riot uncontrolled. If all the employes of a bank are, according to the medical examiner, pathological cases, what number of the employes of a factory or a department store would be pronounced entirely sound? Virtually all of us go through life with engines that are more or less imperfect, but that do their work satisfactorily enough as long as we do not watch them, tinker over them and fuss with them. A compulsory, universal medical examination would probably result in widespread depression and despair."

Children's Bureau Campaign a Failure.—In 1918 the Children's Bureau of the United States Department of Labor carried on a gigantic campaign for the medical examination of children of pre-school age.

Referring to the campaign that was conducted by the Children's Bureau, Dr. Grace L. Meigs in the Journal of the American Medical Association for July 27, 1918, stated that the Children's Bureau had enlisted the help of the many mil-

lions of women represented by the Woman's Committee of the Council of National Defense. In almost every county in this country a committee was formed. Dr. Meigs refers to five million families and many thousands of communities as having taken part. The alleged purpose of the campaign of the Children's Bureau was to save 100,000 lives. Statistics fail to show that any lives whatever were saved by means of the campaign. On the other hand, the number of deaths of children under five years of age in the registration area in 1917 was 243,708 and in 1918 it was 306,143 or an increase in the number of deaths in 1918 over that of 1917 of 62,435.

Rural Districts, Without Medical Inspection, Etc. Healthier Than Cities.—In the propaganda for medical examination of school children in rural districts as well as cities the statement has quite frequently been made that the children in the cities were healthier because medical examination of school children is more prevalent in the cities. Both the census figures and the first and second reports of the Provost Marshal-General on the operations of the draft, however, give statistics showing the better physical condition of persons living in the rural regions as compared to the urban regions.

According to Mortality Statistics, 1916, Bureau of the Census, the death rate for 1916 was 14 per thousand in the registration area. In the rural part of the registration states the death rate was 12.9 while the cities in the registration area had a death rate of 15, and in the registration cities in non-registration states the death rate was 15.3, which gives a much better showing for the rural population as compared to the city population.

The following is from the Report of the Provost Marshal-General to the Secretary of War on the First Draft under the Selective Service Act, 1917, p. 47:

"As between urban and rural residents, the figures throw an interesting light on the much discussed question of the relative physical condition of country and city boys. Selec-

tion was made of a typical set of cities of 40,000 to 500,000 population having no large element of foreign immigrants and distributed over ten different states (Alabama, Arkansas, California, Colorado, Kansas, Montana, Nebraska, New York, North Carolina and Texas) and a corresponding set of counties of similar total size located in the same states, and containing no city of 30,000 population, the total number of registrants represented was 315,000. The comparison results as follows:

Table 16

	No.	Per cent of examined rejected
Urban and rural rejections		
(1) Urban areas, total persons		
physically examined	35,017	
(2) Accepted	25,048	71.53
(3) Rejected	9,969	28.47
(4) Rural areas, total persons		
physically examined	44,462	
(5) Accepted	32,030	72.04
(6) Rejected	12,432	27.96

A similar finding was reached as the result of investigations carried on in connection with the second draft. The following is from the Second Report of the Provost Marshal-General to the Secretary of War on the Operations of the Selective Service System to December 20, 1918, p. 159:

"Urban and rural physical rejections compared. Table 52 contrasts rejections in certain urban and rural communities. Urban communities were selected from boards in the cities of New York, Chicago, Philadelphia, Cleveland, Milwaukee, Seattle, St. Louis, Cincinnati and New Orleans. Rural communities were taken from all states, using only boards having less than 1,200 registrants in the June 5, 1917, registration. The results are as follows:

"Table 52—Rural and urban physical rejections compared.

	No.	Per cent of examined
1. Total examined in 100 selected urban and rural regions.....	200,000	
2. Rejected in 100 selected urban and rural regions	38,569	19.28
3. Examined in urban regions.....	100,000	
4. Rejected in urban regions.....	21,675	21.68
5. Examined in rural regions.....	100,000	
6. Rejected in rural regions.....	16,894	16.89

"For further study, Appendix Table 51-A gives a percentage comparison of rejections by disqualifying defects, for eight urban and eight rural districts. In this table 45,000 rejects were studied, nearly equally divided between city and country.

"The figures of both of these studies indicate that a considerable physical advantage accrues to the boy reared in the country."

Medical Examinations Of Children A Step Toward Compulsory Medical Treatment.—The next step after securing medical examination of school children in a municipality is to ask for school clinics, and the next step after that would be to ask for compulsory medical treatment.

In an article in the Boston Medical and Surgical Journal for April 25, 1912, Dr. Richard C. Cabot said:

"We now send children for treatment to the family physician, or to hospitals. The family physician will never be expert enough to know what adenoids are to be taken out and what left in. I don't believe that the family physician will ever be expert enough to recognize incipient tuberculosis or to know which cardiac murmurs mean heart disease and which do not. I have not the least idea that one of every forty-two children has heart disease, as the recent examinations of school children seem to show. I think the inspectors have done the

best they could, but I doubt if so many children are really suffering from heart disease, and this illustrates what I mean when I say that it is impossible for practitioners not especially trained in those things to recognize and treat the defects of school children effectively.

"If, on the other hand, the children have to be carried back and forth to the hospital, their condition cannot be observed minutely from day to day, as it could were clinics attached to the school. In the schools the children have to be present every day and so their condition could be checked up frequently in the clinics. Or if they are not there, but kept home by illness, the nurse can see them frequently in their homes and report to the school clinic doctor.

"The central point in all these defects seems to me this,—that if you mean business, if you really mean to put so much time and money into these things, if the state is ready to pay physicians to diagnose diseases, then it ought to follow up diagnosis by treatment. Otherwise the money and bother spent on getting the diagnosis is largely wasted. Only in school clinics will treatment ever be effective."

The intolerant attitude assumed by leading proponents of medical examination of school children is illustrated by the following extracts from an editorial in the *Journal of the American Medical Association* for May 22, 1920, p. 1460, regarding the death from diphtheria of a child who died without having had medical attention but who received other treatment:

"The efficacy of the modern scientific medical treatment of diphtheria is not a matter of theory, belief or conscience—it is a matter of fact. Its efficacy is as demonstrable as is the efficacy of the Westinghouse air brake. The parent or guardian who fails to give his child or ward the benefit of modern medical treatment for diphtheria becomes as culpable as a railroad would be if it failed to equip its passenger trains with air brakes. Sometimes, it is true, the air brake fails to

avert a fatality; but that is not the fault of the air brake, nor is it any argument for its abolition.

"If an adult in his own right mind wishes to be treated by * * * or any other unscientific methods, there can be no objection, provided the disease from which he is suffering may not, through such treatment, become a menace to the community. Children of tender years, however, should not be sacrificed to the distorted views of those who are supposed to be their protectors."

Compulsory medical treatment is unjustified for the same reasons that a medical monopoly through medical practice acts as discussed under Chapter VI is unjustified. It is also contrary to the fundamentals of American government as expressed in the constitution and in the Declaration of Independence.

Metropolitan Daily Doubts If Universal Medical Examinations Are Worth the Price.—Referring to a recent proposal by Dr. S. S. Goldwater, former Commissioner of Health of New York City, for an annual medical examination of everybody in the City of New York, which would include children in the public schools, the New York Evening Post, in an editorial May 11, 1914, said:

"It is by no means on the score of legal compulsion alone that the proposal of 'universal periodic medical examination' is open to objection. Whether brought about by legal requirement or by the pressure of general opinion, the benefits to health, and the prolongation of life, which it might bring about would be purchased at a tremendous price. What that price would be it requires some power of imagination, perhaps, to realize, but some idea of it may be obtained from the very facts which Dr. Goldwater adduces. Take but a single one of them. 'In a recent examination of the employes of a New York City bank,' he says, '100 per cent of the employes were found to be abnormal and on the sure road to diseases of heart, lungs, kidneys, or blood vessels.' Very likely this examination will have been the means of stopping the progress

of disease in the case of some of these men; but if the fact is as stated, the whole body of them were suddenly converted from a group of normal men, nearly all of whom were doubtless going about their work and their play with no thought of sickness, into a solid body of semi-invalids. Who shall say that the addition of two or three years to the average duration of their existence will outweigh, in the scales which measure real human values, the freedom, the elasticity, the unconsciousness of the trammels of the body, which have been impaired or destroyed by this intrusion?

"And even from the standpoint of medical results, in the narrowest sense, there is room for grave misgivings. Not all diagnoses are correct; not all alarms given by medical men are well-founded. It may be said in reply that we must do the best we can. So be it. Let every man who feels that he has some reason to suspect that there may be something wrong get medical advice by all means, and get it early. He must take his chance of a certain average percentage of error. But whatever that percentage of error may now be—and it is not insignificant—would be a mere trifle in comparison with what the new programme bids fair to furnish. 'The task before us,' says Dr. Goldwater, 'is to discover the first sign of departure from the normal physiological path, and promptly and effectually to apply the brake.' With this as the ideal before them, will not the false alarms of the physicians outnumber those of today ten to one, or fifty to one? Will not thousands of persons who might have lived happily and comfortably to three score and ten before that 'first sign of departure' had developed into anything serious, be called upon to exercise care, to be solicitous about their bodies instead of ignoring them, and, in no one knows how many cases, have their lives not only dulled, but actually shortened by hypochondria?

" 'Those to whom the care of delicate mechanical apparatus is entrusted,' says Dr. Goldwater, 'do not wait until a breakdown occurs, but inspect and examine the apparatus minutely,

at regular intervals, and thus detect the first signs of damage. This is the favorite simile of the health-enthusiasts. But in it are imbedded two fatal fallacies. In the first place, the working of a machine is not affected by our concern over it, while our body may be. And secondly, the only interest we have in the machine is that it shall function well as a mechanism; while in the case of our bodies we may deliberately choose to sacrifice perfection of the mechanism to other objects which we prize more highly—indeed, we must do so, at some point or other, if we wish to keep out of Bedlam.”

Numerous other large newspapers throughout the country, including the Brooklyn (N. Y.) Eagle, the New York World, the St. Louis Post-Dispatch, the St. Louis Republic and the Galveston News commented adversely on the proposal by Dr. Goldwater.

University Regent Attacks Medical Examinations As Paternalistic and Unwarranted.—In an address at the Convocation of the University of the State of New York, October 22-24, 1908, William Nottingham, M. A., Ph. D., LL. D., a Regent of the University, protested against the medical examination and treatment of children in the public schools. Speaking on the subject, “How Far Are School Authorities Justified in Assuming Responsibility for the Health and Physical Condition of Pupils”, Dr. Nottingham said:

“There are many indications that we are drifting toward the pernicious notion that the citizen is the ward of the state. This conception is not only unworthy of us and our times, but it is unjust to him and tends to lessen his self-dependence, impair his self-respect, and hamper his efforts to reach his highest destiny. We would much better take the loftier and more healthful view, that the average American, by birth, amid our institutions, is naturally endowed with a keen sense of his personal rights and privileges, with an abounding ambition to do things and a large capability of looking out for himself. We are ages in advance of the Spartan regime under which the child at birth was examined by the ruling elders

to determine whether or not he was fit to be reared, and at the age of seven was taken over by the state. * * *

"It requires but a casual observation on the part of the thinking person to discover a distinct drift toward paternalism in the governmental administration of affairs in this country. * * * Never more than under our system has everyone the right to know by what authority, under what pretext, and for what purpose, does the state propose to invade the private domain of the citizen.

"Converging our thoughts then directly upon the subject in hand: When it is suggested that the 'school authorities assume responsibility for the health and physical condition of the pupils' an important question at once arises. We must all agree that such responsibility cannot exist without the legal right and incidental powers necessary to its discharge. * * * The parents naturally would like to know, when they send their child off to school in the morning, how much of him they may fairly anticipate will return at night, and by what authority the missing parts have been subtracted. * * *

"Again assuming that it were legally permissible, would it be a wise policy for the school authorities to assume responsibility for the health and physical condition of pupils? In this country, at least until quite recently, it has been generally believed that this duty rested primarily upon the parent, and that the performance of this office for the child was peculiarly within the province and obligation of the home. But from what we have seen of late in the public prints we infer that it has been suddenly discovered that the legal guardian has been remiss in his duties and the necessity revealed of delegating this work to the school. * * *

"Assuming, however, for the sake of the argument, that the physical condition of the average pupil is as bad as claimed, does that afford a sufficient reason for enlarging the burdens and increasing the labors of those in charge by turning the schools into general hospitals or free dispensaries?

It is the plain duty of the school authorities to see to it that the school buildings and all places where the students assemble for study are safe, sanitary, comfortable, well lighted and ventilated, and in every way suitable and calculated to facilitate and promote the work to be there performed. When they assume to go beyond this, and to take charge of the physical condition and health of the pupil we believe they have transcended their functions. This duty should be left to the parent or legal guardian, where it properly belongs.

"Furthermore, although there may be exceptional cases and localities, we should say as a general rule that if the duty of looking after the health and physical condition of the child is taken from the parent and his chosen physician and delegated to the school, it is not likely to be so well performed. Those medical practitioners who are appointed under any political regime to the charitable work of the state are not apt to be the most experienced or skilled physicians or surgeons, but rather the new recruits to the profession who are looking for business. Should the schools add this department I can readily discern the opening up of a large field for exploitation and experiment.

"Finally, in the nurture and training of youth the home and the school have their distinct and peculiar duties and functions—both exalted and important. The vital and essential relation of each to the progress of our people cannot be too strongly emphasized. The home should not be encouraged to think that it can shoulder its obligations upon the school. The school must supplement the home, but never supplant it."

CHAPTER VIII.

COMPULSORY VACCINATION IS BASED UPON SUPERSTITION, COMMERCIALISM AND PATERNALISM

"In many cases physicians become interested in the strict enforcement of the law because of the fees resulting therefrom * * * In the more populous districts the medical fees resulting from vaccination are an important item. . . . It is not claimed that physicians as a rule are governed in this matter by a mercenary motive. * * * However, this mercenary motive has been the controlling factor in a sufficient number of cases which have come to the attention of this Department to justify the above assertion."—From Fifth Annual Report by Andrew S. Draper, Commissioner of Education, New York State, Albany, January 25, 1909, p. 11.

"The conclusion is in every case the same: that vaccination is a gigantic delusion; that it has never saved a single life; but that it has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century."—Professor Alfred Russel Wallace, in "The Wonderful Century," 1899, p. 313.

THE practice of vaccinating persons against smallpox is the outgrowth of smallpox inoculation, or the injection of virus taken directly from a smallpox patient. It was soon found, however, that the practice of smallpox inoculation actually spread the disease and was condemned by act of Parliament as a criminal offense in 1840.

When referring to the early history of vaccination it is customary for advocates of compulsory vaccination to refer to Dr. Edward Jenner as the discoverer of vaccination in 1798. In medical writings reference is occasionally made to smallpox inoculation but in public little or nothing is said about

the period preceding Jenner when smallpox inoculation was practiced extensively.

These facts in regard to the period preceding smallpox vaccination are brought out in the Dissenting Report of the late Mr. John Pitcairn, member of the Pennsylvania State Vaccination Commission, authorized by joint resolution of the General Assembly, of June 14, 1911, and issued in 1913. It also refers to the varying claims made for vaccination. It says:

P. 10. "The direct progenitor of vaccination was smallpox inoculation—the insertion of the running matter from the sore of a smallpox patient into the blood of a healthy person. This practice was introduced into England, in 1721, by Lady Mary Wortley Montagu, wife of the British Ambassador at Constantinople. Writing from that city Lady Montagu said that smallpox was rendered entirely harmless there by the invention of what the Turks called 'in grafting,' and that there was a set of old women who made it their business to perform the operation.

* * * *

"But facts could not long be ignored. Instead of proving itself a harmless and beneficent invention, experience made it evident that the practice of smallpox inoculation actually (and naturally enough) spread smallpox—every inoculated person becoming a new center of contagion. This fact so strongly impressed itself on the British public that in 1840 the inoculation which had been so highly endorsed by the Royal College of Physicians was condemned by Act of Parliament as a criminal offense.

"But previous to this time a new 'scientific' protection against smallpox had been discovered. This discovery, as is well known, was given to the world in 1798, by Edward Jenner, popularly called the Father of Vaccination. It is not so well known, however, that the vaccination advocated by Jenner has, like smallpox inoculation, been long since repudiated by the medical profession. Jenner's first experi-

ment was with swinepox, with which he inoculated one of his own children (who afterwards died of tuberculosis).

* * * *

P. 13. "At first one vaccination was to protect for life; this claim was soon modified and two vaccinations were considered necessary to confer lifelong immunity. The obstinacy of smallpox in attacking persons so vaccinated then resulted in shortening the period of immunity to fourteen years; later it was reduced to seven years, then five, and in the Spanish-American War—as shown by the practice of our army surgeons—six weeks was considered the limit of immunity."

Smallpox Reduction Due to Sanitation.—Dr. C. Killick Millard, Medical Officer of Health for Leicester, England, in a recent book entitled "The Vaccination Question" issued in 1914, calls attention to the decline in smallpox along with such other diseases as the plague, cholera or typhus fever due to sanitation. He says:

P. VIII. Preface. "For forty years, corresponding roughly with the advent of the 'sanitary era', smallpox has gradually but steadily been leaving this country (England). For the past ten years the disease has ceased to have any appreciable effect upon our mortality statistics. For most of that period it has been entirely absent except for a few isolated outbreaks here and there. It is reasonable to believe that with the perfecting and more general adoption of modern methods of control and with improved sanitation (using the term in its widest sense) smallpox will be as completely banished from this country as has been the case with plague, cholera, or typhus fever. Accompanying this decline in smallpox there has been a notable diminution during the past decade in the amount of infantile vaccination. This falling off in vaccination is steadily increasing and is becoming very widespread. * * *

P. 22. "It cannot be denied that vaccination causes, in the

aggregate, very considerable injury to health, most of it only temporary, but some permanent. It is true that the deaths certified as due to vaccination are less numerous now than they used to be, but some deaths still occur every year. * * * During the last decade the deaths from vaccinia have several times outnumbered those from smallpox, whilst if we have regard to the amount of ill-health caused by the two diseases (and putting aside for the moment the question of the alleged effect of vaccination in lessening smallpox) it looks as if vaccinia were becoming, so far as the community is concerned, the more serious disease of the two. * * *

P. 185. "The orthodox view, held by most Medical Officers of Health, is that there is a grave danger of smallpox returning in widespread epidemic form and causing a terrible mortality as was the case in the pre-vaccination era. * * * Undoubtedly, many have a genuine fear that if smallpox once succeeded in obtaining a foothold in an unvaccinated community it would spread 'with a rapidity of which we have in recent times had no experience.' I realize that any one who suggests that this view is unduly alarmist incurs a certain measure of responsibility, and I believe that this reflection has hitherto deterred those who might otherwise have been inclined to express a more sanguine view. Personally, having been Medical Officer of Health for thirteen years in a town which, for practical purposes, may be regarded as unvaccinated; living and moving, as I do, amongst a child population 90 per cent of which is unvaccinated, I feel unable to subscribe to this pessimistic view. I believe that the sanitary condition of the country has been so greatly improved, and alternative measures for dealing with smallpox have been so highly evolved, that we shall never revert to the stage of things which existed in the days before vaccination was discovered."

Statistics fail to show that the mildness of smallpox in the United States and the small number of deaths caused by smallpox are due to vaccination, according to Assistant Surgeon

General John W. Trask of the United States Public Health Service. He says¹:

"One of the most notable features of the smallpox which has been more or less prevalent in the United States for at least ten years is its extreme mildness and the small number of deaths which it has caused. In 1909 the combined states from which complete reports were received had 19,534 cases with 92 deaths, which was a mortality rate of 0.471 for each 100 cases. In 1910 the rate was considerably higher, but still remarkably low when compared with the rates reported from other countries.

* * * *

"That the community is protected by vaccination may be true for certain localities, but that the protection thus afforded is general can hardly be maintained. Japan as a nation is probably as well or better protected by vaccination than is the United States, and yet in 1907-1908 there was an outbreak of smallpox in Japan in which 19,101 cases were reported with 6,273 deaths. Vaccination did not there modify the type of the disease to that found in America. In that outbreak among 5,215 smallpox patients 1,527 were found who had never been vaccinated. This is interesting as indicating a relatively small number of unvaccinated individuals. The epidemic was apparently one of considerable virulence, the general death rate per 100 being 42.25 among the cases in 1907 and 32.32 among those in 1908, while the deaths among the unvaccinated were 69.4 per 100 cases. Kitasato believes that the virulence of the disease varies and that when it reaches the high point attained in Japan during 1907-1908 individuals who have been previously vaccinated, and even those who have previously had an attack, contract the disease. In this outbreak there were 242 cases in seven prefectures in which the patient had previously had the disease. Of these, 57 died.

¹Extracts from "Smallpox in the United States—Prevalence and Geographic Distribution During the Calendar Year 1910," by John W. Trask, Assistant Surgeon General of the United States Public Health Service in "Public Health Reports," official weekly publication of the United States Public Health Service, June 23, 1911, pp. 944-945.

"If the non-virulence of the disease in this country is due to protection by vaccination it would be expected that the mild cases would be found only in those so protected. This may be assumed from the limited information available not to be the case. Records of the vaccination history of all patients would undoubtedly add much to our knowledge of the subject.

"That the type of the disease as seen in the United States is due to the protective value of vaccination is shown not to be true for certain localities in which outbreaks of the virulent form of the disease have been reported. These outbreaks have occurred at widely separated points extending from Virginia and South Carolina in 1909 to Michigan, Oklahoma, Texas and Oregon in 1910. * * *"

Vaccination a Surgical Procedure, Sometimes Followed by Severe and Even Fatal Results.—The following are a few out of a large number of admissions by advocates of vaccination that severe and even fatal results may follow the use of vaccine virus.

Dr. Milton J. Rosenau, Professor of Preventive Medicine and Hygiene in Harvard University, says¹:

"However, vaccination is not always a harmless procedure; it must be looked upon as the production of an acute infectious disease, and, although the disease is always mild and trivial, it must not be treated as trifling. The chief danger lies in the fact that we have produced an open wound, which is subject to the complications of any wound. Even a pin prick or a razor scratch may result in death. While the aggregate number of deaths resulting from the complications of vaccination may be considerable, the aggregate of the individual risk is so small as to be disregarded, especially when proper precautions are taken."

The New York Medical Journal in an editorial July 17, 1915, said:

¹"Preventive Medicine and Hygiene," by Dr. Rosenau, published by D. Appleton & Co. in 1914, p. 19.

"The next step, after cleansing the patient, was the investigation of the virus. It was found that bacteria of many sorts were present constantly. The attempt was then made to decrease the number and experiments showed that mixing the virus with concentrated glycerine and keeping it in the refrigerator for two or three months caused a great reduction. The spores that might be present, however, were not affected, while the activity of the virus was impaired considerably. This method of preparation, nevertheless, is what is commonly employed today; infections are not numerous, but the percentage of 'takes' may not be as great."

In a later editorial, December 11, 1915, the New York Medical Journal said:

"Tragic events, especially if preventable in any degree, which jeopardize a procedure of such vast importance, should receive most earnest attention.

"Tetanus following vaccination is an event of just this character. All available evidence, both clinical and experimental, justifies the belief that infections of this kind are not due to the vaccine virus per se, but occur subsequently, and are attributable to later contaminations of the vaccination wound. In all justice, however, it must be admitted that experience also teaches, despite all contrary evidence, that vaccination wounds, at least in children of certain ages, are unduly prone to such infections. The reasons are not apparent.

"At least two valuable points may be suggested for all to follow. First, however, trivial the operation of vaccination may seem, we should always remember that it is a surgical procedure, sometimes followed by severe and even fatal results. It should therefore be done with all possible care, cleanliness, and attention. Second, if tetanus unfortunately develops, it should not be forgotten that the prompt administration of tetanus antitoxin, in sufficient quantity, and by the proper routes may result in saving a life."

Compulsory Vaccination Fostered by Commercialism.—The following extracts from a book by Mr. Chas. M. Higgins

throws an interesting light on the extensive commercialism back of compulsory vaccination. Mr. Higgins says¹:

"The latest official reports show that there are now ninety-nine concerns licensed by the U. S. Government to manufacture vaccines and serums for both human and animal uses! These ninety-nine concerns have a capitalization of about fifty millions or more. One of the largest of these manufacturers, located in Detroit, has a capital of ten millions, while another large concern located in Philadelphia has a capital of two millions.

"The two great epidemics of Foot and Mouth Disease, or virulent cowpox, in this country in 1902 and 1908 were caused by the vaccine virus of two of these ninety-nine vaccine manufacturers; and these epidemics resulted in great mortality to animals and mankind, as already shown, with a loss of millions of dollars to the Government and people of the United States; but no recompense has ever yet been made, so far as I know, to the Government or people by these vaccine companies for this great damage, and I ask your particular attention, Mr. President, to this important point.

"Now, to give a list of all the medical societies in the United States and their membership figures would take too much space here, as their names and numbers are 'legion'; but I can give some figures which will include the chief National Society and the chief State societies in the leading State of New York as follows:

	Members
American Medical Association	43,000
Medical Society, State of N. Y.....	8,000
Associated Physicians of Long Island.....	503
Brooklyn Medical Association	200
Medical Society of Kings County.....	950
Harlem Medical Association	400

¹Horrors of Vaccination Exposed and Illustrated—Petition to the President to Abolish Compulsory Vaccination in the Army and Navy," by Chas. M. Higgins, Brooklyn, N. Y. 1920/

	Members
Medical Association, Greater City of N. Y.....	750
Medical Society of County of N. Y.....	2,709
N. Y. Academy of Medicine.....	1,400

"This table, while including only a partial list of medical societies in the United States, comprises some of the largest and most influential societies of the dominant or allopathic school, active in the national field and in our own local field of New York State. Now each State in the Union has a similar group of local or State Societies and these several State societies combined with the big National societies and with the ninety-nine vaccine companies form, obviously, a most gigantic medical, political and commercial interest behind the medical evil of compulsory vaccination. Of course, a great many doctors of this dominant school are advanced and progressive enough to oppose all compulsory vaccination; but doctors of this type unfortunately seem to be a minority, at present, in the dominant vaccine school of medicine. On the other hand, a large majority in almost all of the other schools of medicine are strongly opposed to vaccination, particularly to all forms of compulsion.

"A glance at this list of medical societies already given, with its startling membership figures, combined with the ninety-nine vaccine companies, must convince any thoughtful man of the dangerous size and organization of these medical and vaccine interests, which obviously have more or less of a joint interest to force their vaccine operations and products upon the people as much as possible by compulsory laws, and otherwise, and whose joint profits are obviously in direct proportion to this use.

"Now, no other profession has anything like the large and well organized membership and corresponding political power and influence of the medical profession in the body politic. Indeed, few, if any, trade or business organizations can compare with the medical profession in this respect, and this

medical power is further greatly increased beyond that of any other profession, trade or business in being in practical control of our most important Departments of Public Health and Vital Statistics all over the country, so that in advocating and practicing the dangerous barbarism of compulsory medicine this medical power can easily deny and conceal the actual effects of this dangerous medication on human health and life in our vital statistics. * * *

EXISTING LAWS AND REGULATIONS

Vaccination against smallpox, typhoid and paratyphoid fever are compulsory in the United States Army and Navy.

The United States quarantine regulations, 1910, provide that persons coming from localities where smallpox is prevailing, shall not be allowed entry without vaccination, unless they have had a previous attack of the disease or have been vaccinated recently.

The laws in regard to compulsory vaccination are being repealed or changed in so many states that a digest of the laws now in force would be unreliable a few months hence.

The laws now in force range all the way from providing for compulsory general vaccination, in certain cases, to making compulsory vaccination unlawful. Some states provide that the state board of health may require vaccination in time of epidemic if it is thought to be necessary; some states provide that local health authorities may, when deemed necessary, adopt measures for general vaccination. Vaccination or quarantine of exposed persons is provided for, either by law or regulation in a number of states. Several states make vaccination a condition to admission to the public schools. The Pennsylvania law includes all public, private, parochial, Sunday or other schools. In a number of states vaccination of school children is made optional with local authorities, and laws passed in a few states provide that unvaccinated children may be excluded from the public schools for a specified period during epidemics.

Compulsory Vaccination Forbidden.—In 1907 the following law was passed by the State of Utah:

"Hereafter it shall be unlawful for any board of health, board of education or any other public board, acting in this state under police regulations or otherwise, to compel by resolution, order, or proceedings of any kind, the vaccination of any child, or person of any age; or making vaccination a condition precedent to the attendance at any public or private school in the state of Utah, either as pupil or teacher."—Section 1113x26 of the Compiled Laws, 1907, of the state of Utah.

In the early part of 1919 an Act was passed in North Dakota providing that "No form of vaccination or inoculation shall hereafter be made a condition precedent, in this state, for the admission to any public or private school or college, of any person, or for the exercise of any right, the performance of any duty, or the enjoyment of any privilege, by any person." Compulsory vaccination is either illegal in a number of other states or permitted only under specified conditions.

In an analysis of the laws and regulations relating to vaccination in force in the United States, J. W. Kerr, Assistant Surgeon General of the United States Public Health Service, says:

"As to the practical enforcement of the existing provisions, no opinion can be expressed. Health authorities of various states admit that, owing to general apathy or lack of funds, vaccination is seldom systematically enforced, except perhaps in the case of school children."

Why North Dakota Abolished Compulsory Vaccination.—The law passed in North Dakota was the outcome of a Supreme Court Decision in that state a short time previous in the case of Lawrence F. Rhea vs. Board of Education of Devil's Lake. The court in that case held that the Board of Health was not authorized to issue an order denying to children the right to attend the public schools except upon condition of being vaccinated where it appears that there is

no prevailing epidemic of smallpox and no imminent danger from this disease reasonably anticipated; that school officers were not authorized to exclude children for non-vaccination, in the absence of a showing of danger due to the existence of smallpox in the community or reasonably imminent; that children were not to be excluded from schools on the sole ground of non-vaccination.

The opinion of the Supreme Court written by Justice Birdsell was to the effect that the North Dakota Board of Health and the Board of Education of Devil's Lake, acting under a regulation of the State Board of Health, had exceeded their authority in attempting to make vaccination a requirement for admission to the public schools. It held that the board of health was not the public prosecutor. That "Even the public prosecutor could not compel vaccination."

Justice Robinson also agreed with the opinion of the court but wrote a separate opinion of his own. The separate opinion by Justice Robinson is a strong denunciation of compulsory vaccination and special attention is called to the following extracts from his opinion in the case of Lawrence F. Rhea vs. Board of Education of Devil's Lake, N. D., September Term, 1918:

"The non-vaccination of children—is it a cause for excluding them from the public schools in a state where smallpox does not prevail, and where the sickness and death resulting from vaccination would far exceed that now resulting from smallpox—that is the question. We must consider not only the statutes, but also the origin and nature of smallpox. It is a disease which originates in filth, the crowding of people together, the lack of pure air, good food and good sanitary conditions. It prevails and becomes epidemic only in countries where the population is dense and the sanitary conditions are bad. It was in such countries, and in days when sanitation was unknown, that the doctrine of vaccination was promulgated and adopted as a religious creed. Gradually it spread to other countries where conditions are so different

that vaccination is justly regarded as a menace and a curse. And where, as it appears, the primary purpose of vaccination is to give a living to the vaccinators. In this great northwest the disease has never prevailed to any considerable extent and it has never become epidemic. Hence, were vaccination to become general, it would be certain to cause the sickness or death of a thousand children where one child now sickens and dies from smallpox. Of course a different story is told by the class that reap a golden harvest from vaccination and the diseases caused by it. Yet, because of their self-interest, their doctrine must be received with the greatest care and scrutiny. Every person of common sense and observation must know that it is not the welfare of the children that causes the vaccinators to preach their doctrines and to incur the expense of lobbying for vaccination statutes.

* * * *

"England, with its dense population and insanitary conditions, was the first country to adopt compulsory vaccination, but there it has been denounced and abandoned. In the city of Leicester vaccination has long since been tabooed, and there, because of special regard for cleanliness and good sanitation, the people fear no smallpox. But in Prussia, Germany, and other such countries, the light shineth in darkness and the darkness comprehendeth it not.

"In the book of Dr. Peebles on vaccination there are statistics to the effect that 25,000 children are annually slaughtered by diseases inoculated into the system by compulsory vaccination. It is shown beyond doubt that vaccination is not infrequently the cause of death, syphilis, cancer, consumption, eczema, leprosy and other diseases. It is shown that if vaccination has any tendency to prevent an attack of smallpox, the remedy is worse than the disease.

"In the last printed circular of the Board of Health it is said: 'Compulsory vaccination is required in the schools of this state this year for the first time in history. The compulsory vaccination law has been on the statute books for

several years and it has never been enforced because of a seeming unpopularity with a certain class of persons.'

"For the months of July, August and September, 1917, the circular gives the number of persons dying from disease, thus:

"Smallpox	1
"Consumption	72
"Typhoid	6
"Diphtheria	18

"And so it appears that smallpox is the least dangerous of the infectious diseases. With proper care no person dies of smallpox and the disease gives the patient and his descendants more or less immunity from other diseases. * * * Child vaccination in a state where smallpox does not prevail, it is a barbarism and it is the duty of the child growers to rebel against it.

* * * *

"Finally, the proper safeguard is by sanitation. The chances are that within a generation vaccination will cease to exist. It will go the way of inoculation, bleeding, purging and salivation. The vaccinators must learn to live without sowing the seeds of death and disease."

CHAPTER IX

FAILURE OF MEDICAL CONTROL WHERE MOST COMPLETE AN INDICTMENT OF STATE MEDICINE

"It is apparent that it is more dangerous to be a soldier in peaceful United States than to have been on the firing line in France. From the statistics so far available, the death rate in the military camps is higher than among the civil population, even in similar age groups. The mortality in New York and Chicago, for instance, shows that the death rate in the Army is more than double that of the civil population of the same age group. There is also the possibility that when allowances are made for the fact that defectives have been eliminated from the Army, and that these poor 'risks' swell the civil death list, the corrected margin will be still further increased in favor of the civil population."—Dr. Victor G. Heiser in the *Journal of the American Medical Association*, December 7, 1918.

THE failure of so-called "preventive medicine" measures in the past to offer any real protection, as experienced in our Army and Navy during the recent world war, as experienced in the nationwide campaign against tuberculosis and in the drastic measures instituted during the influenza epidemic in 1918, should serve as a warning against the establishment of state medicine; and emphasize the importance of giving greater attention to sanitation and living conditions in public health work.

EXPERIENCE IN THE ARMY

As previously stated vaccination against smallpox, typhoid and paratyphoid fever is compulsory in the United States Army and Navy.

Reference has already been made under Chapter VIII to the dangers following the use of smallpox virus and the lack

of sound proof that vaccination offers any protection whatever against smallpox.

The dangers in the use of typhoid vaccination are brought out by Dr. Davis and Dr. Woodruff in the following. Dr. D. J. Davis in the Journal of the American Medical Association for February 24, 1912, said:

"We should remember that any substance that will, in a healthy individual, cause headache, nausea, insomnia and an increase of temperature of two or sometimes three degrees, etc., as the typhoid vaccine may do in the doses used, must be considered a powerful toxin. Consequently, it is reasonable to assume that certain changes, such as myocardial degeneration, vascular changes, kidney degenerations, etc., might easily result, though they may be manifested only at a much later period of life. And perhaps the consequences might be much more severe should the vaccine be injected into an individual who was at the time suffering from renal, cardiac or other lesions. At any rate, it would seem inadvisable to use the vaccine previous to a careful physical examination."

The following extracts are taken from a lengthy article by Lieut.-Col. Chas. E. Woodruff, M. D. (U. S. A. Retired), entitled "Tuberculosis Following Typhoid Fever", which appeared in the January, 1914, number of American Medicine:

"Le Tulle tells me that all serums and vaccines will cause incipient cases to get rapidly worse. He has particularly noticed this in giving the antitoxins of diphtheria and tetanus. * * * (Monde Medical, December 5, 1912.) Chantemesse, of Paris, informs me that he has seen two cases of rapid tuberculosis develop a few days after anti-typhoid vaccination, and he warns particularly against using it where tuberculosis is suspected.

* * * *

"In respect to non-tubercular diseases made worse by typhoid, Vincent (ibid) mentions many which are adversely affected by anti-typhoid vaccine; and Spooner (ibid) says that every latent or chronic non-typhoidal disease is made worse

by it and though there was prompt recovery as a rule some 'accidents' occurred. The instructions as to the vaccine emphasize the caution not to use it if there is any sign of disease or debility. Prendergast gave the vaccine to four diabetics to reduce the sugar (N. Y. Med. Rec., Jan. 3, 1914). One developed tubercle bacilli in the sputum six weeks after treatment, dying on the ninth day after the last dose.

"Since the above article was put in type, Dr. Ralph Matson, Director of the Portland Open Air Sanatorium, has written that seventeen per cent of his cases give a history of previous typhoid, and that he estimates that the tuberculosis is a direct sequence in ten per cent of all his cases. Two recent cases attributed their tuberculosis to typhoid vaccine received when in apparent perfect health. They volunteered the information without question on his part."

In the American Army during the recent world war sanitation was the very best that sanitary skill could make it, but where sanitation was neglected as in the following instance the fact that the soldiers had been inoculated against typhoid and paratyphoid did not prevent them from contracting the disease.

The following extracts are from an article by Walter D. McCaw, Colonel, Medical Corps, Chief Surgeon, appearing in "Public Health Reports", the official weekly bulletin of the United States Public Health Service, for March 28, 1919:

P. 605. "In view of the appearance and continued incidence of fevers of the typhoid-paratyphoid group in many units of the American Expeditionary Forces during the past five months, it is deemed essential to review this subject at the present time, particularly from the viewpoint of early diagnosis, prevention, and control.

"The occurrence and distribution of typhoid-paratyphoid in our troops has constantly and continuously been brought to the attention of all medical officers serving with the American Expeditionary Forces through the medium of the weekly bulletin of diseases. It would appear, however, that many offi-

cers have utterly failed to grasp the significance of these reports and warnings, a fact which may be due to a false sense of security under the popular belief that vaccination against typhoid and paratyphoid gives a complete immunity even in the midst of gross insanitary conditions. * * *

P. 606. "In July, 1918, a replacement unit consisting of 248 men from Camp Cody, N. Mex., reached England with typhoid prevailing extensively; 98 men, or 39.5 per cent, had typhoid and the case death rate was 8.42 per cent. * * *

P. 607. "(c) In August, 1916, a small but severe epidemic occurred in a detachment of Engineer troops stationed at Bazoilles. In this unit 15 cases of typhoid occurred, with a death rate approximating 10 per cent. * * *

"(d) During the Chateau-Thierry offensive diarrheal diseases were very prevalent in the troops engaged—approximately 75 per cent. It was demonstrated bacteriologically in this area that the prevailing intestinal diseases were simple diarrhea, bacillary dysentery, typhoid, paratyphoid A and B. * * *

"(f) Following the offensive in the Argonne sector, typhoid and paratyphoid began to be reported from practically all divisions engaged in that offensive. * * * More than 300 cases of typhoid-paratyphoid may be attributed to the Argonne offensive. Eight hundred and seventy-four typhoids and paratyphoids have been reported in the American Expeditionary Forces since October 1, 1918. * * *

From a physical standpoint our soldiers were the very pick of the nation.

They were taken from the most rugged years of human life and from these all who were in any way subject to disease were eliminated. They were then put into active out-of-door life, rigidly supervised and in addition were absolutely turned over to the allopathic medical profession who injected into their blood all the "preventatives" at present in favor.

There was no restriction; no choice and no resistance.

Everything the medical authorities would like to have the opportunity to do to the civilian they had the authority to do to the soldier and they did it.

The Reports of the Surgeon General of the U. S. Army for 1918 and 1919 containing statistics of the health conditions of the United States Army for the calendar years 1917 and 1918 respectively shows very conclusively that medical control when put into practice means more cases of sickness and death instead of less.

The death rate of American troops in all countries was 4.5 in 1910 and increased to 6.3 in 1917. For enlisted men, American troops in the United States the death rate from disease for 1918 was 21.93. These men were stationed in this country so that exposure from battle was not a factor. To compare favorably with the death rate of the civil population in the same age group in this country the death rate of soldiers in the United States should have been many times less than it actually was. In fact, it was higher than the death rate of the population as a whole in the registration area in the United States in 1918, which was 18.

The total number of admissions to hospitals for diseases for the year 1918 for enlisted men of the American Army amounted to 2,326,632 cases. For enlisted men the highest admission rate was in the United States. It was 1,293.62 per 1,000 men, the total number of cases being 1,694,954. In other words, as an average every enlisted soldier in the United States had to go to the hospital once and some of them twice during the year 1918 on account of sickness.

The total number of days lost from disease for the year 1918 was 40,692,302. This is equivalent to 111,486 men remaining idle throughout the year at the expense of the Government on account of illness. The loss of time among soldiers in the United States in 1918 amounted to 24,812,769 days.

Adding the discharge rate of 84.68 per 1,000 of soldiers in the United States to the death rate of 21.93 it would mean a

total of 106 men out of every thousand soldiers in the United States who were unable to serve because of illness or death. To this number also should be added a part or all of the 51.88 per 1,000 non-effectives.

EXPERIENCE IN THE NAVY

The failure of medical control during 1918 was just as complete in the Navy as in the Army.

According to the Report of the Surgeon General of the Navy "all preventive measures which seemed logical, either from a priori reasoning or because of seemingly good effects claimed for them elsewhere during the year or in previous epidemics, were tried in the Navy."

In spite of this, the death rate in the naval forces ashore in the United States in 1918 for Influenza and pneumonia (all forms) was 18.77 per 1,000 while that of the population generally in the United States in 1918 for the same diseases was 5.83 per 1,000 and 18 per 1,000 for all diseases.

Notwithstanding compulsory vaccination against smallpox, typhoid and paratyphoid in the Army there were 768 cases of typhoid in 1918; 624 cases of smallpox; 73 cases of paratyphoid A. and 34 cases of paratyphoid B.

The number of admissions in the army in 1918 on account of typhoid vaccination was 23,191 and the number on account of vaccinia was 10,830. In 1917 there were a total of 19,608 admissions on account of typhoid vaccination and vaccinia. This would make a total of 53,629 soldiers who were made sick for the two years directly ascribed to typhoid and small pox vaccination.

The compulsory medical treatment and supervision to which the soldiers and sailors were subjected was not only the cause of many of them being sent to the hospital but may account for the low resisting power of the soldiers and sailors whereby so many of them became ill from influenza, tuberculosis and other diseases.

TUBERCULOSIS CAMPAIGN A FAILURE

Campaign Founded on Fear.—The popularizing of knowledge of the tubercle bacillus, as stated in an editorial in the *Journal of the American Medical Association*, January 3, 1914, referring editorially to an address by Dr. E. R. Baldwin of Saranac Lake, has given rise to widespread fear among physicians, nurses and the laity. It says:

"He points out the need of applying a check to phthisiophobia, which 'has had no check from the time the knowledge of the bacillus was popularized. Cornet's dust experiments first gave the impulse to a fear, followed by Flugge's droplet infection, which has aggravated the solicitude felt by physicians and nurses, and which has been gradually spread to the laity.' Not until the recent researches, briefly considered in the foregoing, have we had a proper understanding of the great power of defense of which the average adult is capable, although not a few careful clinical observers have pointed out evidence that the constantly exposed husbands and wives with consumptive mates show no such morbidity as a high degree of contagiousness would necessarily produce, and the incidence of tuberculosis in physicians and nurses in tuberculosis hospitals is not indicative of a ready infection with the omnipresent bacilli."

Dr. Thomas J. Mays of Philadelphia has written a number of articles reviewing the failure of anti-tuberculosis campaigns in the past which were founded on the basis of registering consumptives and treating them as the subjects of contagious diseases. In an article in the *New York Medical Journal* for September 26, 1914, he says:

"In America this movement started in the early nineties and swept over the country like a tidal wave. Being thus fairly launched, and in order to make itself at least more conventional, it adopted the tactics of the Grand Duke of Tuscany when he consulted the Florence School of Medicine concerning this same question in 1754; and sought official recogni-

tion from the College of Physicians of Philadelphia, the oldest, most renowned, and most celebrated medical institution in America. The college, like its predecessor the Florence school, rejected the proposal and instead passed the following resolution: "The College of Physicians of Philadelphia believes that the attempt to register consumptives and to treat them as the subjects of contagious disease would be adding hardship to the lives of these unfortunates, stamping them as outcasts of society. In view of the chronic character of the malady, it could not lead to any measures of value not otherwise obtainable."

"This resolution was at that time regarded by the friends of the crusade as a marked retrogression, and as a bar to the achievement of a wonderful boon to humanity, but when viewed in the light of the stern and unbending facts of past history, of how this cold-blooded movement ostracises millions of our fellow countrymen at the present day; of the millions more who are to share the same fate; of its responsibility for the increased death rate of this disease during the last dozen years; it reads like an inspired prophecy."

Value of Sanatoriums Overestimated.—In line with the anti-tuberculosis campaign which was founded on the basis of registering consumptives and treating them as the subjects of contagious diseases the various state legislatures have been besieged with requests to authorize the expenditure of millions upon millions of dollars for sanatoriums. That sanatoriums have failed to show better lasting results than properly conducted home treatment is the opinion of Dr. Maurice Fishberg, Clinical Professor of Tuberculosis, New York University and Bellevue Hospital Medical College, in a recent book by him entitled "Pulmonary Tuberculosis". He says:

P. 507. "In the available institutions there is hardly place for 5 per cent of the existing proper cases. To provide accommodations for all suitable cases in the United States, several billions would have to be invested in buildings and equipment, and then at least \$100,000,000 annually for mainte-

nance. Even the most enthusiastic of those engaged in the campaign for the control of tuberculosis are not hopeful of ever raising such enormous funds. . .

P. 508. "It can be stated without fear of meeting proofs to the contrary that, on the whole, sanatoriums do not show better lasting results than properly conducted home treatment. In this country, hardly any State or municipal sanatoriums have published satisfactory reports with comparative statistics showing the results attained as compared with a similar group of patients treated in their homes. The most competent compilations of statistics have been published by Lawrason Brown and Pope about the discharged patients from Saranac Lake, and by Herbert Maxon King of the Loomis Sanatorium. To be sure, Brown shows that five, ten, and even eighteen years after discharge some of the patients were found alive and even efficient at their occupations. But the average life of the consumptive outside of the institution, under any mode of treatment, has been found to be between six or seven years. Stadler reports that five years after the onset of the disease one-half of tuberculous patients are found who are able to work without sanatorium treatment. There are similar statistics available for other countries, and I have no doubt that in the United States we would find conditions the same. King's conclusion as to the value of the sanatorium treatment is that his inquiry 'clearly demonstrates the uncertainty of apparent immediate results of treatment.'"

Statistics Fail to Show Any Favorable Results from Anti-Tuberculosis Campaign.—Notwithstanding the fact that millions upon millions of dollars are annually expended in the campaign against tuberculosis for the medical examination and treatment of tuberculosis patients and for a nation-wide propaganda explaining medical theories regarding the disease little or no progress can be shown due to the campaign. This is admitted by George Thomas Palmer of Springfield, Illinois, in an article entitled "The Need for a Broader Program in the Campaign Against Tuberculosis," published in "The

American Review of Tuberculosis," a monthly publication issued by the National Tuberculosis Association, Baltimore, Md., for July, 1919, in which he says:

P. 268. "The optimistic answer, so commonly employed by popular health educators and propagandists, to the effect that the mortality from tuberculosis has been decreased 25 per cent during the past fifteen years, during which the organized warfare against the disease has been in operation, is not so satisfying or convincing as it appears. . .

"The first tuberculosis society created in the United States was that established in 1892 at Philadelphia. This may be taken as the beginning of the organized campaign in the nation. During the succeeding twenty years, or up until 1911, the death rate per 10,000 of population in American cities decreased from 23.8 to 16.6, or a decrease of 30.25 per cent.

"But unfortunately for the enthusiasts who argue only from statistics, during the preceding twenty years, from 1872 to 1891, and entirely prior to the first adoption of an American tuberculosis program, the rate per 10,000 of population had fallen from 33.9 to 24.5, or a decrease of 27.47 per cent. In other words, the rate of decrease during the first twenty years of anti-tuberculosis propaganda, over the preceding twenty years, was something less than 3 per cent.

P. 269. "In fact, Hoffman pointed out, from such statistics as were available, that in the cities of New York, Philadelphia and Boston, the tuberculosis death rates had quite steadily declined for a period of one hundred years, from something over 450 per 100,000 of population in 1812 to less than 200 per 100,000 in 1911, the more decided decrease beginning about 1881, or eleven years before the first organized tuberculosis work in America; but, incidentally, at about the time of Koch's discovery of the tubercle bacillus.

P. 271. "Coincident with the descending curve in tuberculosis mortality, people were living cleaner, better and more wholesome lives and interest in general health was steadily increasing. While we were passing through our early hysterical

fear of infection, in our frenzied battle with the tubercle bacillus, and were awakening from our over-colored dreams of short cuts to cure, scores of medical and social agencies were coming into life trying to solve the problems of better living and of better health. What part these agencies have had, since 1882, in shaping the downward curve of tuberculosis mortality, is beyond accurate determination. Our thoughtful conjecture is that it has been large, and so believing, we must consider to what greater extent these forces and agencies may be employed in continuing that curve which is still too far from the bottom of the scale."

Failure of Medical Control in Influenza Epidemic.—The "Illinois Health News," the Official Monthly Bulletin of the State Department of Public Health of Illinois for December, 1918, published a letter written by an Illinois health officer ridiculing the various proposed measures for the control of influenza offered by the physicians in charge of or employed by health departments. The letter, which is written as a joke, reflects the manner in which physicians generally in charge of health departments made the most drastic regulations that the public would tolerate for the alleged prevention of influenza, one health officer claiming that one thing was of value and the next ridiculing the method proposed by the first and recommending something else. The following is the article in the "Illinois Health News" referred to:

P. 216. "An Illinois health officer, who attended the recent sessions of the American Public Health Association in Chicago, to learn better methods of handling influenza in his community, wrote the following letter home to his ever-sympathetic friend, the town druggist:

"Dear Bill: The evening session is just over. From eminent scientists whose names are known all over Elkjaw County I find that influenza ain't influenza, but had better be designated as the X-disease. It is transmitted entirely through the mouth by way of camp kits and the reason face masks are valuable is because they keep your fingers out of your

mouth. At the same time, it ain't what I just said; but is due to droplet infection from coughing and sneezing for which reason one city overcame the infection by everybody wearing masks while in another town where everybody wore masks the disease was worse than if they hadn't. Face masks are a sure preventative except where they are not, in which case they are all piffle and the same is true with closing up everything some places, stopping the disease by general closing and others making things much better by keeping everything wide open. One guy from the south said that closing churches didn't prevent crowds in Chicago; but did in Alabama. Nothing was said about closing up crowds of two after meeting which is a close contact problem in our town. Vaccination was found of great value in 231 communities and not worth a whistle in 232 with one man not voting. The meeting is going to hold over and we are going to pass resolutions. Just after the meeting adjourned, I met Joe Patchen, in the hardware business in Dallas. He had been having a session a few stories below in the hotel. He says the only question he had to solve was whether ice skating was chiefly in tights or for tights. He looked the part, and has an easy job.

"Sincerely yours,

"Abe.

"P. S.—Please wire me fifty. I don't dare draw on the health department since I have spilled all I knew since coming here and am now a sanitary vacuum, if you know what I mean.

"Second P. S.—Resolutions just passed by special committee. I am back where I was before. Never mind wiring. I can come home at once and have money enough for that."

The various measures adopted by health officers for the alleged control of influenza are not looked upon by the public as a joke. The closing of churches, theaters and schools; regulations in many cities requiring everyone to wear a mask while in public places, and the segregation of large numbers of persons interfered with business and with the normal pur-

suits of the individual in such a manner as to constitute a serious charge against persons responsible for such measures unless it can be shown that they were necessary.

The Journal of the American Medical Association November 2, 1918 in referring to the measures taken in the District of Columbia to combat the epidemic mentions, "the declaration of the District of Columbia as a sanitary zone; making influenza a reportable disease and requiring the segregation of persons suffering with it; closing of schools, churches, theaters, and other places of public assemblage," etc. and says, "In spite of all this the impression is current that the epidemic has simply burnt up all the available susceptible fuel and has passed on to new areas."

It is worth noting that in the smallest commonwealth in the United States where the citizens cannot protest effectively against public control, having no vote, which little commonwealth had the direct cooperation of the great Public Health Service, no protection to the public is observable. Indeed, it had one of the worst records in the entire country.

In New York City, where according to Dr. Royal S. Copeland, Commissioner of Health of that city, he permitted people to go about their ordinary affairs as usual, the death rate from influenza and pneumonia during the influenza epidemic of 1918 was only 14.4 per thousand population as compared to 20.8 per thousand population in Washington, D. C. and 25.8 in San Francisco, both of which tried a number of extreme and irrational measures for the prevention of influenza.

CHAPTER X

THE CONSTITUTION A PROTECTION AGAINST STATE MEDICINE

"We hold these truths to be self evident: That all men are created equal; that they are endowed by their Creator with certain unalienable rights; that among these are life, liberty and the pursuit of happiness."—Declaration of Independence.

THE fact that the Constitution of the United States contains a great many provisions to protect the rights of the people is of great importance as a protection against medical encroachments on the rights of the people. The United States Constitution is above Congress, the courts and the President. It is the fundamental law which fixes and determines the form of government that exists under it; defines and limits the powers of that government and directs its executive, legislative, and judicial maintenance and action. The government and all its branches deriving power and authority solely from the Constitution, can only do what that Constitution gives authority to do as provided in Article IX and X as follows:

"The enumeration in the Constitution of certain rights, shall not be construed to deny or disparage others retained by the people.

"The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

One of the purposes of the Constitution as specified in the preamble is to "secure the blessings of liberty to ourselves and our posterity." The first amendment to the Constitution is the culmination of the struggle for religious freedom in this country. It says:

"Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof, or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances."

The fourth amendment is a protection against the entrance of the home and unreasonable searches and seizures. It reads:

"The right of the people to be secure in their persons, houses, papers and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized."

Amendment No. 5 specifies that no person shall be "deprived of life, liberty or property, without due process of law." Section 1, Amendment No. 13, is a protection against medical slavery as well as any other form of involuntary servitude. It says:

"Neither slavery nor involuntary servitude, except as a punishment for crime, whereof the party shall have been duly convicted, shall exist within the United States or any place subject to their jurisdiction."

LIBERTY HIGHLY PRIZED BY OUR FOREFATHERS

The Declaration of Independence which was adopted July 4, 1776, declares:

"We hold these truths to be self evident: That all men are created equal; that they are endowed by their Creator with certain unalienable rights; that among these are life, liberty and the pursuit of happiness. That to secure these rights, Governments are instituted among men, deriving their just powers from the consent of the governed, that when ever any form of government becomes destructive of these ends, it is the right of the people to alter or to abolish it."

The early settlers of this country who had suffered bitter persecution because of the intolerance shown them, placed a high valuation upon "life, liberty and the pursuit of happiness." When the subject of liberty was being discussed in the Virginia convention, Patrick Henry declared:

"Is life so dear or peace so sweet as to be purchased at the price of chains and slavery? Forbid it, Almighty God! I know not what course others may take, but as for me, give me liberty, or give me death."

We live in a country rich in experience, reminding us of the value of liberty. Abraham Lincoln, whose memory is so dear to all American citizens, understood the meaning of the word liberty. The Gettysburg address of President Lincoln, which has become a classic not only in American oratory, but in the oratory of the world, refers to liberty in the opening sentence. It says:

"Fourscore and seven years ago, our fathers brought forth on this continent a new nation, conceived in liberty and dedicated to the proposition that all men are created equal."

LIBERTY IN JEOPARDY

The subject of medical legislation is no longer a subject of interest to only a few people. Medical inspectors have invaded the public schools with lectures on disease germs, compulsory vaccination where possible, constant examinations of the throat, heart and lungs, and demands for the removal of the tonsils and other alleged defects when in many cases at least there was no justification for such removal. They are asking for compulsory medical examinations of adults in many cases and are making it difficult to obtain employment without their permission. They are isolating people under the theory that they are "disease carriers," or subject to tuberculosis. The measures which are being advocated under the pretense of protecting the public health reach into all the relations of human life. The liberty of all the people in this and future generations is thereby jeopardized.

THE CITIZEN'S DUTY

The Constitution of the United States is a protection against medical slavery, but the people must insist upon this protection if they are to maintain it. The efforts of Assistant Commissioner of Education Enright of New Jersey to interpret, according to a Trenton dispatch some years ago, the clause in a statute referring to the subject of vaccination, "may exclude from schools" as meaning "shall exclude from schools" is a good example of how a statute or the Constitution may be misinterpreted if the people fail to insist upon their rights. There has never been a time in the history of the United States when it was more important to keep in mind the words "eternal vigilance is the price of liberty" than now and a duty rests upon all American citizens to see that medical freedom is established and maintained.

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